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## **COVER LETTER**

Registration Section TO: Division of Corporations SUBJECT: Sunshine State Property Holdings A, L.L.C. Name of Limited Liability Company Dear Sir or Madam: The enclosed Statement of Authority and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Christopher A. Roche Name of Person Law Office of Christopher A. Roche Firm/Company 229 N. Collier Boulevard Address Marco Island, FL 34145 City/State and Zip Code croche@marcolawoffice.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 389-0700 Christopehr A. Roche Name of Person Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:						
FIRST: 1	he name of the limited liability company is: <u>Sunshine State Property</u>	Hol	dings	Α,	L.L.C.	
SECOND	The Florida Document Number of the limited liability company is: <u>L0700002734</u>	6				
THIRD:	The street address of the limited liability company's principal office is:					
_	229 N. Collier Boulevard					
-	Marco Island, FL 34145					
_	The mailing address of the limited liability company's principal office is:					
-	229 N. Collier Boulevard					
_	Marco Island, FL 34145					
position o person on	: This statement of authority grants or sets limitations of authority on all persons having to a person in a company, whether as a member, transferee, manager, officer or otherwise of the following:  . May execute an instrument transferring real property held in the name of the company.	r to a sp	s or ecific			
	a. Granted to: Christopher A. Roche	2015 MAY				
	b. No authority granted to:	17-5 P				
2	May enter into other transactions on behalf of, or otherwise act for or bind, the compa  a. Granted to: Christopher A. Roche	<b>بن</b> س				
	b. No authority granted to:					
Zid Signature	Christopher A. I Typed or printed name of Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)					

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