Division of Corporations Electronic Filing Cover Sheet

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(((H150001384993)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

from:

: EMMANUEL SHEPPARD & CONDON Account Name

Account Number: 072720000035

Phone

: (950)433-6581

Fax Number

: (850) 434-7163

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SDS FLORIDA WEST, LLC

Certificate of Status	0
Certified Copy	1
Page Count	O 2838
Estimated Charge	\$55.00

JUN 1 0 2015

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(((H15000138499 3)))

0138499 3)))	STATEMENT OF AUTHORITY		
authority:	n 605.0302(1), Florida Statutes, this limited liability comparfy submits the following	Fstatem.	ent'of
FIRST: The nam	e of the limited liability company is: SDS Florida West, LLC	<u></u>	',,
SECOND: The F	Plorida Document Number of the limited liability company is: L07000076986		
THIRD: The sur	eet address of the limited liability company's principal office is: Havburg Drive		
Pensa	cola, FL 32506		
	ulling address of the limited liability company's principal office is: Havburg Drive		
Pensa	cola, FL 32506		
position of a perso person on the follo	statement of authority grants or sets limitations of authority on all persons having the on in a company, whether as a member, transferee, manager, officer or otherwise or owing: execute an instrument transferring real property held in the name of the company.	e status to a spe	or cific
	a. Granted to: All members must act unanimously		
	b. No authority granted to: Individual members or managers	TALLAHAS	2015 JUN -9
	y enter into other transactions on behalf of, or otherwise act for or bind, the company	RESERVEDO RESERVEDO	-9 AM 10
		<u>ം</u> –	

Signature of authorized representative

b. No authority granted to:

Alice Downs

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

Individual members or managers