

L07000077183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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CLERK OF SUPERIOR COURT
STATE OF MICHIGAN

S. WARREN

AUG 21 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DERBY FARM PROPERTY, LLC
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:

SITARAMA KRISHNA KOTHALANICA
Name of Person

DERBY FARM PROPERTY, LLC
Firm/Company

562 SW ROMORA BAY
Address

SAINT LUCIE WEST, FL 34986
City/State and Zip Code

KOTHALANICA R @ yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SITARAMA KRISHNA KOTHALANICA at (772) 333 0766
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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: The name of the limited liability company is: DERBY FARM PROPERTY, LLC

SECOND: The Florida Document Number of the limited liability company is: L070000 77183

THIRD: The street address of the limited liability company's principal office is:

562 SW ROMORA BAY

ST. LUCIE WEST, FL 34986

The mailing address of the limited liability company's principal office is:

562 SW ROMORA BAY

ST. LUCIE WEST, FL 34986

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STATE OF FLORIDA

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: ~~DA~~ SITARAMA KRISHNA KOTHALANICA

b. No authority granted to: ~~DA~~ JANIKAMMA KOTHALANICA

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: SITARAMA KRISHNA KOTHALANICA - MANAGER

b. No authority granted to: JANIKAMMA KOTHALANICA

S. Kothalanica
Signature of authorized representative

SITARAMA KRISHNA KOTHALANICA
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)