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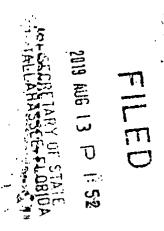
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August 12, 2019

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Gulf Coast Shores Investment Co, LLC

To whom it may concern.

Enclosed please find a check in the amount of \$55.00 for the Statement of Authority filing for Gulf Coast Shores Investment Co, LLC. I need the certified copy returned to me for recording. I have enclosed a Federal Express label and envelope for the return of the certified copy.

Please contact our office with any questions.

Fatenande

Sincerely,

Christy Patenaude Escrow Assistant

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Gulf Coast Shores Investment Co., LLC				
SUBJECT.	Name o	f Limited Liability C	ompany		
Dear Sir or N	fadam;				
The enclosed	Statement of Authority and fee(s)	are submitted for fili	ng.		
Please return	all correspondence concerning this	matter to the follow	ing:		
Jesse Ma	rcoaldi				
	Name of Person				
Gulf Coas	st Investment Co., LLC				
	Firm/Company		· · · ·		
P.O. Box	07151				
	Address	·			
Fort Myer	s, FL 33919				
·····	City/State and Zip Code	······································			
Jmmarco.	aldi@gmail.com				
Е-п	ail address: (to be used for future a	nnual report notificat	ion)		
For further in	formation concerning this matter, p	lease call:			
Jesse Ma	rcoaldi	239	339-7440		

STREET/COURIER ADDRESS:

Name of Person

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

MAILING ADDRESS:

Area Code

Daytime Telephone Number

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

STATEMENT OF AUTHORITY

Pursuant authority		05.0302(1), Florida S	Statutes, this limited I	ability company submits the following statement of
FIRST:	The name of	of the limited liability	Gulf (Coast Shores Investment Co., LLC
SECON	D: The Flor	rida Document Numb	per of the limited liabi	L07000112683
THIRD:		owring Park Rd	I liability company's #102 Fort Myers	
			ited liability company	
position of person or	of a person in the follow:	in a company, whether ing: recute an instrument to Jesse	er as a member, transf ransferring real prope Marcoaldi	ns of authority on all persons having the status or eree, manager, officer or otherwise or to a specific erty held in the name of the company.
		No authority grante	d to:	otherwise act for or bind, the company.
	a. b.	Granted to:	d to:	
J		red representative	_	Jesse Marcoaldi Typed or printed name of signature
oignature	or authoriz	ed representative	Filing Fee: 5 Certified Copy: 5	525.00

CR2E138 (2/14)