

108000053149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

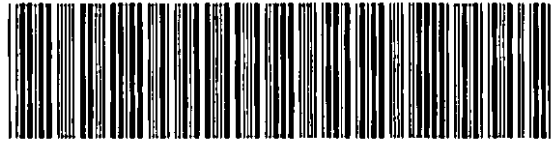
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300316623793

08/09/18 10:10:55 AM

FILED

2018 AUG -9 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FL

UIS
8-15-18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cypress Lake 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:

Jay A. Brett

Name of Person

Sheppard, Brett, Stewart, Hersch, Kinsey & Hill, P.A.

Firm/Company

9100 College Pointe Court

Address

Fort Myers, FL 33919

City/State and Zip Code

doctorpal12000@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jay A. Brett

Name of Person

at (239)

Area Code

334-1141

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: Cypress Lake LLC

SECOND: The Florida Document Number of the limited liability company is: L08000053149

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

8450 Riviera Avenue

Fort Myers, FL 33919

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

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: Subhash Kshetrapal

b. No authority granted to: _____

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

a. Granted to: Subhash Kshetrapal

b. No authority granted to: _____

FILED
2018 AUG -9 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FL

Subhash Kshetrapal
Signature of authorized representative

Seema
Signature of authorized representative

Subhash Kshetrapal

Typed or printed name of signature

SEEMA KSHETRAPAL

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