

L09000011876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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K. SALLY
EXAMINER
JUL -6 2015

LARRY L. ADAIR, P. A.

ATTORNEY AT LAW

9715 WEST BROWARD BOULEVARD
SUITE NUMBER 303
PLANTATION, FLORIDA 33324

e-mail address: larry@lladairlaw.com

LARRY L. ADAIR
MEMBER FLORIDA AND TEXAS BAR

(954) 600-3266
FAX: (954) 424-7411

Via Federal Express

June 29, 2015

Honorable Florida Secretary of State
Division of Corporation
Registration Section
Post Office Box 6327
Tallahassee, Florida 32314

Re: ***Stornhaven Properties, LLC, a Florida limited liability company***

Gentlemen:

We enclose in connection with the above-referenced Florida limited liability company, the following items, including:

- a. COVER LETTER of this date with attached completed and executed STATEMENT OF AUTHORITY to be filed on behalf of Stornhaven Properties, LLC;
- b. COVER LETTER also of this date with attached completed and executed DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY likewise to be filed on behalf of Stornhaven Properties, LLC; and
- c. Our REAL ESTATE TRUST ACCOUNT CHECK dated this date and payable to the Florida Department Of State in the amount of \$110.00, representing the required Filing Fee of \$25.00 for each enclosed item together with Certified Copy fee of \$30.00 per item.

Should, of course, you have any questions in this regard, please contact the undersigned; otherwise, we kindly ask you file the enclosed item among the official records of the Department Of State - Division of Corporation and return to this office a certified copy of each filed item.

Very truly yours,


Larry L. Adair, Esquire

LLA:ch
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STORNHAVEN PROPERTIES, 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:

LARRY L. ADAIR, ESQUIRE

Name of Person

LARRY L. ADAIR, P. A.

Firm/Company

9715 West Broward Boulevard, Suite 303

Address

Plantation, Florida 33324

City/State and Zip Code

larry@ladairlaw.com

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

For further information concerning this matter, please call:

Larry L. Adair, Esq. at **954** **600-3266**
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: STORNHAVEN PROPERTIES, LLC

SECOND: The Florida Document Number of the limited liability company is: L09000011876

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

9715 West Broward Boulevard

Suite Number 303

Plantation, Florida 33324

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

9715 West Broward Boulevard

Suite Number 303

Plantation, Florida 33324

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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: LARRY L. ADAIR

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: LARRY L. ADAIR

b. No authority granted to: _____

Wendy Montgomery
Signature of authorized representative

WENDY MONTGOMERY
Typed or printed name of signature

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