

209000078004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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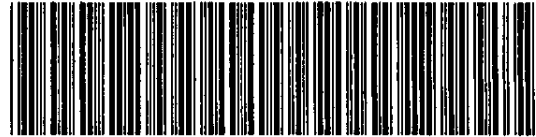
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SUNshine Home RENTALS 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:

KEVIN HOLECKO MGR  
Name of Person

SUNshine Home RENTALS LLC  
Firm/Company

13770 PLAINVIEW RD  
Address

ODessa FL 33556  
City/State and Zip Code

KEVIN\_HOLECKO@MSN.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN HOLECKO at (727) 4038410  
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: SUNSHINE HOME RENTALS LLC

**SECOND:** The Florida Document Number of the limited liability company is: L 090000678004

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

13770 PLAINVIEW RD  
ODESSA FL 33556

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

13770 PLAINVIEW RD  
ODESSA FL 33556

**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: Kevin Holecko

b. No authority granted to: KERRIE L. HOLECKO

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

a. Granted to: KEVIN HOLECKO

b. No authority granted to: KERRIE L HOLECKO

Kevin Holecko  
Signature of authorized representative

Kevin Holecko  
Typed or printed name of signature

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

2010 APR 13 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED