

L100000008782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

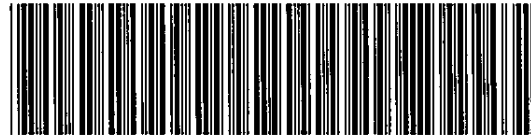
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 OCT 19 P 4:08

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D. BRUCE  
OCT 19 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FRUITVILLE PC, 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:

William A. Saba

Name of Person

Firm/Company

240 S. Pineapple Ave., Suite 702

Address

Sarasota, FL 34236

City/State and Zip Code

sabawilliam@aol.com

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

For further information concerning this matter, please call:

William A. Saba

at (

941

365-9400

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

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2015 OCT 19 P 4:08  
TALLAHASSEE, FL

**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: FRUITVILLE PC, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L10000008782

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

240 S. Pineapple Ave., Suite 702

Sarasota, FL 34236

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

240 S. Pineapple Ave., Suite 702

Sarasota, FL 34236

**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.

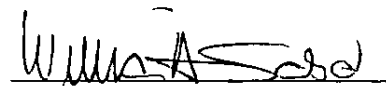
a. Granted to: William A. Saba

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: William A. Saba

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

William A. Saba  
Typed or printed name of signature

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