

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GREEN SCHOENFELD & KYLE LLP
Account Number : I20000000177
Phone : (239)936-7200
Fax Number : (239)936-7997

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SUDBURY CAPE HOLDING, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

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21 FEB -9 PM 12:35

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: SUDBURY CARE HOLDINGS, LLC.

SECOND: The Florida Document Number of the limited liability company is: L10000020672

THIRD: The street address of the limited liability company's principal office is:
14060 METROPOLIS AVENUE, SUITE #1

FORT MYERS, FLORIDA 33912

The mailing address of the limited liability company's principal office is:
14060 METROPOLIS AVENUE, SUITE #1

FORT MYERS, FLORIDA 33912

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: NEIL J. CRESSWELL

ARTHUR DARMANIN

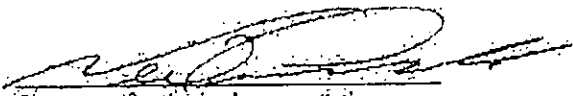
b. No authority granted to: MICHAEL DARMANIN

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

a. Granted to: NEIL J. CRESSWELL

ARTHUR DARMANIN

b. No authority granted to: MICHAEL DARMANIN


Signature of authorized representative

NEIL J. CRESSWELL, MGRM

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)