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(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
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MAR 08 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 339 NICHOLSON LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MIKE SAWBRIDGE
Name of Person

40 SANDBROOK CAPITAL
Firm/Company

31 SEWERTHY ROAD SOUTHART
Address

MERSEYSIDE, UK. PR8 2NS
City/State and Zip Code

mikesawbridge@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIKE SAWBRIDGE at 011
Name of Person Area Code Daytime Telephone Number
44 1704 582206

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: 339 NICHOLSON LLC

SECOND: The Florida Document Number of the limited liability company is: 46 - 2564227

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

TRX & BUSINESS SOLUTIONS
1020 W. INTERNATIONAL SPEEDWAY SUITE 202
DAYTONA BEACH, FLORIDA FL 32114

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

AS ABOVE

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: MIKE SAWBRIDGE

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: MIKE SAWBRIDGE

b. No authority granted to: _____

[Signature]
Signature of authorized representative

PRESIDENT OF
SANDBROOK CAPITAL IBC

WILLIAM KELLY
Typed or printed name of signature

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

CR2E138 (2/14)

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