

L12000008463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

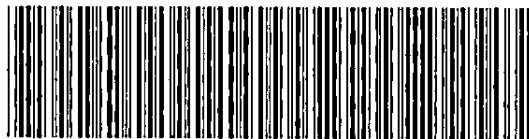
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAMBOO SHAN 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:

THOMAS M. DRYDEN, ESQ.

Name of Person

THOMAS M. DRYDEN, P.L.

Firm/Company

1705 COLONIAL BLVD., SUITE B3

Address

FORT MYERS, FLA 33907

City/State and Zip Code

TOM@THOMASDRYDENLAW.COM

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

For further information concerning this matter, please call: _____

THOMAS M. DRYDEN

239 337-2001
at ()

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: BAMBOO SHAN PROPERTIES, LLC

SECOND: The Florida Document Number of the limited liability company is: L12000008463

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

17240 S. TAMIAMI TRAIL

SUITE 07

FORT MYERS, FLA 33908

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

17240 S. TAMIAMI TRAIL

SUITE 07

FORT MYERS, FLA 33908

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.

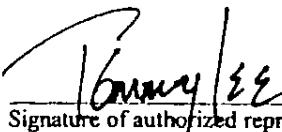
a. Granted to: TOMMY LEE

b. No authority granted to: PHILLIP LEE

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

a. Granted to: TOMMY LEE

b. No authority granted to: PHILLIP LEE


Signature of authorized representative

TOMMY LEE

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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City/State and Zip Code

TOM@THOMASDRYDENLAW.COM

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

For further information concerning this matter, please call:

THOMAS M. DRYDEN

Name of Person

at (239)

Area Code

337-2001

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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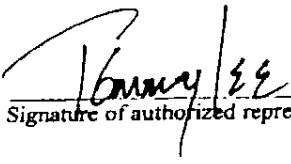
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Signature of authorized representative

TOMMY LEE

Typed or printed name of signature

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