

L120000010637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

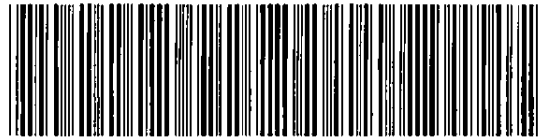
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2024 OCT 11 PM 4:03

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMA GAINESVILLE INVESTMENTS THREE 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:

Michael Skobel, Esq.

Name of Person

Skobel Law PA

Firm/Company

7475 SW 70th Ln

Address

Gainesville, FL 32608

City/State and Zip Code

michael@skobellaw.com

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

For further information concerning this matter, please call:

Michael Skobel at (352) 224-3692
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: AMA GAINESVILLE INVESTMENTS THREE LLC

SECOND: The Florida Document Number of the limited liability company is: L12000010637

THIRD: The street address of the limited liability company's principal office is:
7475 SW 70th Ln, Gainesville, FL 32608

The mailing address of the limited liability company's principal office is:
7475 SW 70th Ln, Gainesville, FL 32608

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: Alex Skobel, Michael Skobel, Loree Skobel

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: Alex Skobel, Michael Skobel, Loree Skobel

b. No authority granted to: _____


Signature of authorized representative

Alex Skobel
Typed or printed name of signature

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

2021 OCT 07 PM 4:03

COVER LETTER

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michael@skobellaw.com

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For further information concerning this matter, please call:

Michael Skobel

352

224-3692

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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Signature of authorized representative

Alex Skobel

Typed or printed name of signature

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