

LBO00029521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

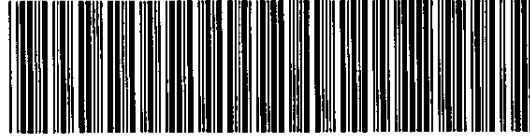
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200272683642

05/13/15--01011--011 \*\*55.00

FILED  
2015 MAY 13 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAY 20 2015  
1 02:04

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Angler 21, 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 D. Scionti

\_\_\_\_\_  
Name of Person

Angler 21, LLC

\_\_\_\_\_  
Firm/Company

3421 Gray Court

\_\_\_\_\_  
Address

Tampa, FL 33609

\_\_\_\_\_  
City/State and Zip Code

mscionti1@gmail.com

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

For further information concerning this matter, please call:

William P. Gregory

\_\_\_\_\_  
Name of Person

at ( 813 )

\_\_\_\_\_  
Area Code

251-8631

\_\_\_\_\_  
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

**FILED**  
2015 MAY 13 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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: Angler 21, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L12000029521

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

3421 Gray Court

Tampa, FL 33609

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

3421 Gray Court

Tampa, FL 33609

**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: Jean M. Scianti

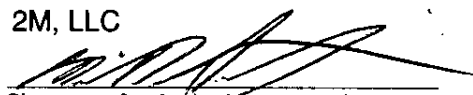
b. No authority granted to: Krzystof Grzebieniowski

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

a. Granted to: Jean M. Scianti

b. No authority granted to: Krzystof Grzebieniowski

2M, LLC

  
Signature of authorized representative

Michael D. Scianti

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

2015 MAY 13 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED