

L12 0000 75019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

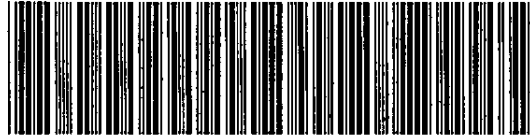
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300282943843

03/08/16--01028--003 \*\*55.00

FILED  
16 MAR -8 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 09 2016

J SHIVERS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sun State Capital 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:

Laura L. Lundberg  
Name of Person

Sun State Capital Properties, LLC  
Firm/Company

1324 Tall Maple Loop  
Address

Oviedo, FL 32765  
City/State and Zip Code

LauraLundberg@myita.edu  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura L. Lundberg at ( 407 ) ~~359-8829~~ 407 971-4592  
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: \_\_\_\_\_

Sun State Capital Properties, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L12000035019

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

1324 Tall Maple Loop

Oviedo, FL 32765

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

1324 Tall Maple Loop

Oviedo, FL 32765

**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.

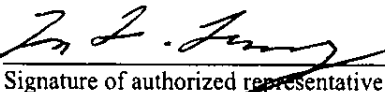
a. Granted to: Laura L. Lundberg

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: Laura L. Lundberg

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

Laura L. Lundberg  
Typed or printed name of signature

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

FILED  
16 MAR - 8 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA