

L12000071645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JAN 08 2015  
J. BRUCE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Advantage Debt Services 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:

**Sharon Sykes**

Name of Person

**Advantage Debt Services LLC**

Firm/Company

**PO Box 679**

Address

**Ellenton, FL 34222**

City/State and Zip Code

**Shar3k@aol.com**

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

For further information concerning this matter, please call:

**Sharon Sykes**

Name of Person

at ( )

Area Code

**941-807-1771**

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

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STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

**Advantage Debt Services LLC**

FIRST: The name of the limited liability company is:

\_\_\_\_\_

SECOND: The Florida Document Number of the limited liability company is: **L12000071645**

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

**429 10<sup>th</sup> Ave West, Suite F**

**Palmetto, FL 34221**

\_\_\_\_\_

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

**PO Box 679**

**Ellenton, FL 34222**

\_\_\_\_\_

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: **Sharon Sykes, manager**

**Tracy Leffler, manager**


b. No authority granted to: **Gary Leffler**

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

a. Granted to: **Sharon Sykes, manager**

**Tracy Leffler, manager**

b. No authority granted to: **Gary Leffler**

  
Signature of authorized representative

**Sharon Sykes**

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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