L/2000/17037

| (Re | equestor's Name) | | | |
|---|--------------------|-------------|--|--|
| (Ad | dress) | | | |
| (Ad | dress) | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | MAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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| | | | | |
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Office Use Only



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K. SALY EXAMINER MAR -1

COVER LETTER

| | stration Section ision of Corporations | | |
|-----------------|--|-----------------------------------|---|
| CUBICCE. | Regency Business Center, L | LC | |
| SUBJECT: | | mited Liability Comp | pany |
| Dear Sir or I | Madam: | | |
| The enclosed | d Statement of Authority and fee(s) are | submitted for filing. | |
| Please return | all correspondence concerning this ma | ntter to the following: | |
| Tana Ma | nkus | | |
| | Name of Person | | |
| Regency | Business Center, LLC | | |
| | Firm/Company | | |
| PO Box | 600018 | | |
| | Address | | |
| St. Johns | s, FL 32260 | | |
| | City/State and Zip Code | | |
| tana.mar | nkus@comcast.net | | |
| E- | mail address: (to be used for future ann | ual report notification | n) |
| For further i | information concerning this matter, plea | se call: | |
| Tana Ma | nkus | 904 at (| 514-8890) |
| | Name of Person | Area Code | Daytime Telephone Number |
| Re Di Cli | REET/COURIER ADDRESS: gistration Section vision of Corporations ifton Building | Registrat Division P.O. Box | G ADDRESS: ion Section of Corporations 6327 |

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

| authority: | | | |
|----------------------------|---|--|--|
| | | | |
| Regency Business | Center, LLC ————— | | |
| SECOND: The Florida E | Occument Number of the limit | ed liability company is: L120001 | 17037 |
| THIRD: The street addre | ss of the limited liability com | pany's principal office is: | 10 |
| Jacksonville | FL 32225 | | |
| | | | 7016 FEB 26 |
| The mailing ad PO Box 6000 | | ompany's principal office is: | The Part of the Pa |
| St. Johns, Fl | 32260 | | |
| | an instrument transferring re nted to: Tana Mankus | al property held in the name of the c | ompany. |
| b. No | authority granted to: | lotz | |
| | | If of, or otherwise act for or bind, th | e company. |
| b. No | authority granted to: | lotz | |
| | | Tana Mankus | |
| Signature of authorized re | Filing Fee | Typed or printed in the second control of th | name of signature |