

LI2000127156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

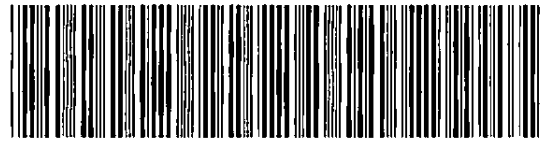
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE

OCT 29 2024

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10/07/24--01031--022 \*\*165.00

2024 OCT 14 PM 4:02

FILED



## Skobel Law PA

September 21, 2024  
Division of Corporations, Registration Section  
P.O. Box 6327, Tallahassee, FL 32314

Dear Registration Section,

We are requesting the following documents to be filed and please send us a Certified Copy the following documents:

1. Entity Name: Skobel Homes LLC
  - a. Document Number: L19000249337;
  - b. Document Type: Statement of Authority
  - c. Fees: \$55.00 (\$25 Filing Fee + \$30 Certified Copy)
2. Entity Name: AMA Gainesville Investments Three LLC
  - a. Document Number: L12000010637;
  - b. Document Type: Statement of Authority
  - c. Fees: \$55.00 (\$25 Filing Fee + \$30 Certified Copy)
3. Entity Name: AMA Gainesville Investments Four LLC
  - a. Document Number: L12000127156;
  - b. Document Type: Statement of Authority
  - c. Fees: \$55.00 (\$25 Filing Fee + \$30 Certified Copy)

Enclosed is a check for 3 \* \$55 = \$165.00 payable to Florida Department of State. Please mail the certified copies to Skobel Law PA, 6404 SW 77th Drive, Gainesville, FL 32608.

Let me know if you have any issues or questions. I appreciate your help.

**Skobel Law PA**

/s/ Michael Skobel, Esq.

Skobel Homes LLC, a Florida limited liability company

By: /s/ Alex Skobel

Alex Skobel, individually and as Manager of LLC

AMA Gainesville Investments Three LLC, a Florida limited liability company

By: /s/ Alex Skobel

Alex Skobel, individually and as Manager of LLC

AMA Gainesville Investments Four LLC, a Florida limited liability company

By: /s/ Alex Skobel

Alex Skobel, individually and as Manager of LLC

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AMA GAINESVILLE INVESTMENTS FOUR 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

352

224-3692

Name of Person

at ( )

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 FOUR LLC

SECOND: The Florida Document Number of the limited liability company is: L12000127156

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)

FILED  
2024 OCT 01 PM 1:01

**COVER LETTER**

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Division of Corporations

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\_\_\_\_\_  
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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

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

352

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

224-3692

\_\_\_\_\_  
Daytime Telephone Number

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Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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Division of Corporations  
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a. Granted to: Alex Skobel, Michael Skobel, Loree Skobel

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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)