

L12000145921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

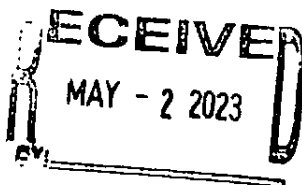
(Business Entity Name)

(Document Number)

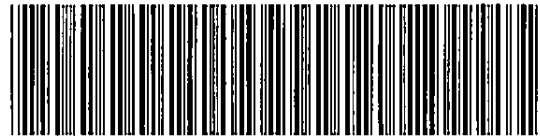
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SECRETARY OF STATE
HARTFORD, CT

Statement
of
Authority

SEP 21 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SADDLEBROOK 813, LLC

SUBJECT: _____
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:

DIPAK SARAIYA

Name of Person

SADDLEBROOK 813, LLC

Firm/Company

P.O. BOX 872

Address

LUTZ, FL 33548 US

City/State and Zip Code

saraiyac@gmail.com

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

For further information concerning this matter, please call:

Chandresh Saraiva	813	3090647
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Name of Person

Area Code

Daytime Telephone Number

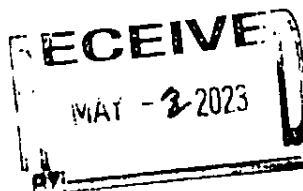
Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E138 (2/14)





FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2023

DIPAK SARAIYA
SADDLEBROOK 813, LLC
P.O. BOX 872
LUTZ, FL 33548

SUBJECT: SADDLEBROOK 813, LLC
Ref. Number: L12000145921

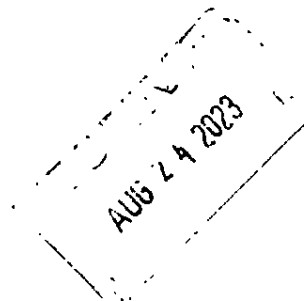
We have received your document for SADDLEBROOK 813, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Operations Manager A

Letter Number: 623A00016555



www.sunbiz.org

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:

SADDLEBROOK 813, LLC

FIRST: The name of the limited liability company is: _____

LL2000145921

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

THIRD: The street address of the limited liability company's principal office is:
29937 Baywood Lane, WESLEY CHAPEL, FL 33543

The mailing address of the limited liability company's principal office is:
P.O. Box 872 Lutz, FL 33548

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status 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.

Chandresh Saraiya

a. Granted to: _____

b. No authority granted to: _____

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

Chandresh Saraiya

a. Granted to: _____

b. No authority granted to: _____

DocuSigned by:


Signature of authorized representative
DOB: 7/26/305DE4F6

Dipak Saraiya

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED
2023 AUG 24 AM 10:06
CLERK OF DISTRICT COURT
FLORIDA
SADDLEBROOK 813, LLC