

L12000154857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

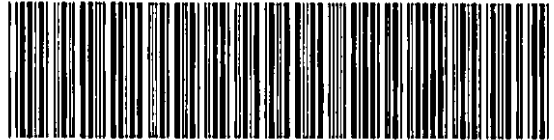
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

ANAHATA HOLDINGS 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:

David E. Parker

Name of Person

Anahata Holdings, LLC

Firm/Company

819 S. Palmetto Ave.

Address

Sanford, FL 32771

City/State and Zip Code

daveparkersanford@gmail.com

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

For further information concerning this matter, please call:

Harry G. Reid, III

407

321-3911

at (_____) _____

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

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: ANAHATA HOLDINGS, LLC 10:05

SECOND: The Florida Document Number of the limited liability company is: L-12000154857

THIRD: The street address of the limited liability company's principal office is:
819 S. PALMETTO AVE.

SANFORD, FL 32771

The mailing address of the limited liability company's principal office is:
819 S. PALMETTO AVE.

SANFORD, FL 32771

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.
DAVID E. PARKER, Manager; and MARILYN J. PARKER,

a. Granted to: _____
Manager, or either of them acting alone.

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
DAVID E. PARKER, Manager; and MARILYN J. PARKER,

a. Granted to: _____
Manager, or either of them acting alone.

b. No authority granted to: _____

David E. Parker
Signature of authorized representative

Marilyn J. Parker
Typed or printed name of signature

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