

L13000037716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

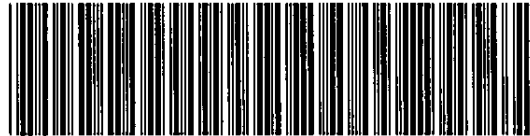
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OFFICE OF STATE
SULLY, FLORIDA

16 AUG 19 PM 12:45

FILED

AUG 19 2016

Y SULKE

2 Filings
enclosed

Real Estate Law
Title Insurance
Business Law
Estate Planning
Probate
Trust Administration



Howard C. Stross, JD/MBA
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August 17, 2016

File #4130

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Hancock/Elite/Filing of Statements of Authority

Dear Sir/Madam:

You will find enclosed the following documents to be filed with the Division of Corporations:

1. Two page Statement of Authority for Elite Financial Edge LLC; and
2. Two page Statement of Authority for Elite Holdings, LLC.

You will find enclosed our firm's check #10487 in the amount of \$25.00, as payment of the filing fee for the Elite Financial Edge LLC Statement of Authority and check #10486 in the amount of \$25.00, as payment of the filing fee for the Elite Holdings, LLC Statement of Authority.

Once both Statements of Authority have been filed, please return a copy of each filed document in the enclosed Federal Express envelope.

If you have any questions please give our office a call.

Kindest regards,
Stross Law Firm, P.A.

A handwritten signature in black ink, appearing to read "Lois S. Smith".

Lois S. Smith,
Real Estate Paralegal

/lss

\\2011SBSERVER\FILES\4130\LET121054.docx

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elite Financial Edge 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:

Darina Talanga

Name of Person

Elite Financial Edge LLC

Firm/Company

18400 US Hwy 19 N

Address

Clearwater, FL 33764

City/State and Zip Code

DarinaT@elitefinedge.com

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

For further information concerning this matter, please call:

Darina Talanga

Name of Person

at

727

Area Code

530-5158

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: Elite Financial Edge LLC

SECOND: The Florida Document Number of the limited liability company is: L13000037716

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

18400 US Hwy 19 N

Clearwater, FL 33764

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

18400 US Hwy 19 N

Clearwater, FL 33764

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: Panayiotis Vasiloudes

b. No authority granted to: Lars Skjoth and
Cygram Heritage, LLLP

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

a. Granted to: Panayiotis Vasiloudes

b. No authority granted to: Lars Skjoth and
Cygram Heritage, LLLP



Signature of authorized representative

Panayiotis Vasiloudes

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

AUG 18 PM 12:45

DEPT OF STATE
TALLAHASSEE, FLORIDA