

L13000044949

(Requestor's Name)

(Address)

(Address)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VENKIT LAKSHMI IYER, 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:

J. Marvin Guthrie  
Name of Person

J. Marvin Guthrie, P.A.  
Firm/Company

1230 S. Myrtle Ave. Ste 101  
Address

Clearwater, FL 33756  
City/State and Zip Code

mguthrie@jmglaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J. Marvin Guthrie at ( 727 ) 449-1600  
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: VENKIT LAKSHMI IYER, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000044949

THIRD: The street address of the limited liability company's principal office is:  
4097 PRESIDENTS BLVD  
PALM HARBOR, FL 34685

The mailing address of the limited liability company's principal office is:  
4097 PRESIDENTS BLVD  
PALM HARBOR, FL 34685

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: VENKIT S. IYER

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: VENKIT S. IYER

b. No authority granted to: \_\_\_\_\_

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Venkith Iyer  
Signature of authorized representative

VENKIT S. IYER  
Typed or printed name of signature

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