

L13000 112474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

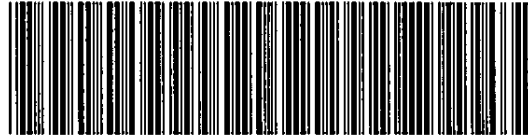
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700288457517

700288457517
08/01/16--01041--011 **25.00

2016 AUG -1 P 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren
AUG 02 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SANDY OAKS GROUP, 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:

EUGENE FRANCAVILLA

Name of Person

SANDY OAKS GROUP, LLC

Firm/Company

27 NORTH PENNOCK LANE, SUITE 205

Address

JUPITER, FLORIDA 33458

City/State and Zip Code

villafrancaoffice@gmail.com

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

For further information concerning this matter, please call:

EUGENE FRANCAVILLA

Name of Person

561

Area Code

575-2288

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: SANDY OAKS GROUP, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000112474

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

27 NORTH PENNOCK LANE, SUITE 205

JUPITER, FLORIDA 33458

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

27 NORTH PENNOCK LANE, SUITE 205

JUPITER, FLORIDA 33458

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.

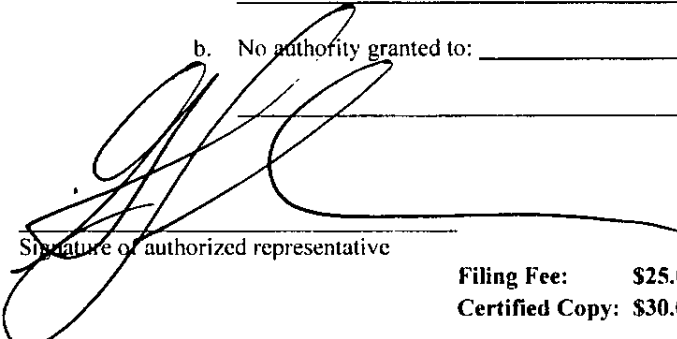
a. Granted to: DONNA O'CONNELL concerning 14758 SW
Sandy Oaks Loop, Indiantown, Florida 34956/LOT 73

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: DONNA O'CONNELL concerning 14758 SW
Sandy Oaks Loop, Indiantown, Florida 34956/LOT 73

b. No authority granted to: _____


Signature of authorized representative

EUGENE FRANCAVILLA

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

2015 JUN -1 P 12:26
CLERK OF STATE
TREASURY OF FLORIDA

FILED