

Feb. 29 2016 12:08PM  
Division of Corporations

JONATHAN JAMES DAMONTE, CHARTERED

No. 6322 P. 1  
Page 1 of 2

L13000/56502

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : JONATHAN JAMES DAMONTE, CHARTERED  
Account Number : I20060000006  
Phone : (727) 586-2889  
Fax Number : (727) 581-0922

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

OSPREY HEALTH CARE CENTER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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Feb. 29. 2016 12:08PM JONATHAN JAMES DAMONTE CHARTERED

No. 6322 P. 2  
Fax Audit No. H1600005156731

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OSPREY HEALTH CARE CENTER, 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:

Jonathan James Damonte, Esq.

Name of Person

Jonathan James Damonte, Chartered

Firm/Company

12110 Seminole Boulevard

Address

Largo, FL 33778

City/State and Zip Code

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

For further information concerning this matter, please call:

Jonathan James Damonte, Esq.

Name of Person

727

Area Code

586-2889

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

CR2E138 (2/14)

Fax Audit No. H1600005156731

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: OSPREY HEALTH CARE CENTER, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000156502

THIRD: The street address of the limited liability company's principal office is:  
6775 40TH AVENUE NORTH SAINT PETERSBURG, FL 33709

The mailing address of the limited liability company's principal office is:  
19700 GULF BLVD UNIT 602 INDIAN SHORES, FL 33785

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: Greg De La Piedra

b. No authority granted to: N/A

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

a. Granted to: Greg De La Piedra

b. No authority granted to: N/A

  
Signature of authorized representative

Enrique De La Piedra  
Typed or printed name of signature

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

CR2E138 (2/14)

Fax Audit No. H160000515673

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