

U400079935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHARPLINE INVESTIGATIONS, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ALBERT M. VERILE
(Contact Person)

SHARPLINE INVESTIGATIONS, LLC
(Firm/Company)

720 EAST FLETCHER AVE. #214
(Address)

TAMPA, FL 33612
(City/State and Zip Code)

For further information concerning this matter, please call:

DEREK LARSEN-CHANEY at (813) 222 7677
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

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SECRETARY OF
TALLAHASSEE, FLORIDA
17 FEB 23 AM 10:37



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: SHARPLINE INVESTIGATIONS, LLC

2. The Florida document/registration number assigned to this limited liability company is:

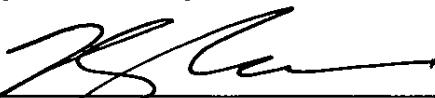
L14000079935

3. The date this member/manager withdrew/resigned or will withdraw/resign is: FEBRUARY 17, 2017

4. I, KIRBY R. LAVALLEE, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER AND MEMBER
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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TALLAHASSEE, FLORIDA
17 FEB 23 AM 10:37

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHARPLINE INVESTIGATIONS, 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:

ALBERT M. VERILE
Name of Person

SHARPLINE INVESTIGATIONS, LLC
Firm/Company

720 EAST FLETCHER AVE. #214
Address

TAMPA FL 33612
City/State and Zip Code

AVERILE@SHARPLINEINVESTIGATIONS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEREK LARSEN-CHANEY at (813) 222-7677
Name of Person Area Code 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

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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: SHARPLINE INVESTIGATIONS, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000079935

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

720 EAST FLETCHER AVE, #214
TAMPA, FL 33612

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

720 EAST FLETCHER AVE, #214
TAMPA, FL 33612

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.

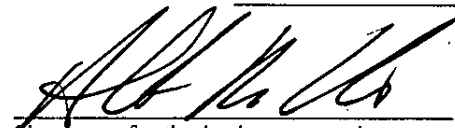
a. Granted to: ALBERT M. VERILE

b. No authority granted to: KIRBY R. LAVALLEE

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

a. Granted to: ALBERT M. VERILE

b. No authority granted to: KIRBY R. LAVALLEE


Signature of authorized representative

ALBERT M. VERILE
Typed or printed name of signature

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

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