

06/30/2017 14:52

(FAX)

P.001/003

6/30/2017

Division of Corporations

**LN00017340531083**  
Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : GULATI LAW  
Account Number : I20130000014  
Phone : (407)900-5054  
Fax Number : (407)517-4931

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

Email Address: office@gulatiaw.com

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CNA INVESTMENT GROUP "LLC"**

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D. SCOTT

JUL 3 2017

06/30/2017 14:52

(FAX)

P.002/003

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CNA Investment 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:

**Sarah Gulati**

Name of Person

**Premier Florida Title, LLC**

Firm/Company

**479 Montgomery Place**

Address

**Altamonte Springs, FL 32714**

City/State and Zip Code

**info@premierfloridatitle.com**

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

For further information concerning this matter, please call:

**Sarah Gulati**

Name of Person

**407**

Area Code

**900-5054**

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

CR2B138 (2/14)

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JUL 30 11 06 AM  
TALLAHASSEE, FL

## 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: CNA Investment Group "LLC"

SECOND: The Florida Document Number of the limited liability company is: L14000131083

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

7732 West Sand Lake Road

Orlando, FL 32819

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

PO Box 872

Windermere, FL 34786

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: Charbel Saab and Norma Saab

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: Charbel Saab and Norma Saab

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

  
Signature of authorized representative

Norma Saab

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)