

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 future annual report mailings. Enter only one email address please

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TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SABAL PALM INVESTMENTS, LLC

| | |
|-----------------------|---------|
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Corporate Filing Menu

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D. BRUCE
APR 19 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sabal Palm Investments, 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

407

900-5054

at

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

CR2E138 (2/14)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Sabal Palm Investments, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000178653

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

320 W. Sabal Palm Place

Suite 300

Longwood, FL 32779

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

P.O. Box 915201

Longwood, FL 32791

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.

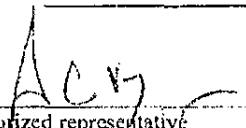
a. Granted to: Suree Vyas and Ashish Kapadia

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: Suree Vyas and Ashish Kapadia

b. No authority granted to: _____


Signature of authorized representative

Suree Vyas

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

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