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SECRETARY OF STATE

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T. HAMPTON

COVER!LETTER 4

TO: Registration Section Division of Corporation				
	PNA MONEY MONEY	′ 2, LLC		
SUBJECT:	Name of Limite	d Liability Compa	any	
Dear Sir or Madam:				
The enclosed Statement of	Authority and fee(s) are subr	nitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
UMESH PATEL				
Na	me of Person			
APNA SAPNA MON	EY MONEY 2, LLC			
Fii	m/Company			
117 CEDAR HAMM	OCK LN			
	Address			
PANAMA CITY BEA	CH, FL 32407			
City/State	and Zip Code			
destinmarcos@gma	l.com			
E-mail address: (to	be used for future annual re	eport notification)		
For further information con	cerning this matter, please ca	all:		
UMESH PATEL	2	404	512-1752 Daytime Telephone Number	
Name of		Area Code	Daytime Telephone Number	
STREET/COURI Registration Section			G ADDRESS:	
Division of Corpor		Registration Section Division of Corporations		
Clifton Building 2661 Executive Ce	enter Circle	P.O. Box 6327 Tallahassee, Florida 32314		

CR2E138 (2/14)

Tallahassee, Florida 32301

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STATEMENT OF AUTHORITY

authority	to section 605.0302(1), Florida Statutes, this limited liability company submits the following:		tof	
FIRST:	The name of the limited liability company is: Apna Sapna Money Money 2 LLC	<u> </u>		
SECON	D: The Florida Document Number of the limited liability company is:			
THIRD:	The street address of the limited liability company's principal office is: 117 cedar hammock In			
	Panama city Beach, FI 32407			
	The mailing address of the limited liability company's principal office is: 117 Cedar Hammock Ln			
	Panama City Beach, fl 32047			
	of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following: 1. May execute an instrument transferring real property held in the name of the company a. Granted to: Bhavesh J. Amin		ic	
	b. No authority granted to:	T., 1		
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa a. Granted to: Bhavesh J. Amin	TARY TASSE		
	b. No authority granted to:	AH 10: 07 OF STATE E, FLORIDA		
(Jennis Pad	JU.	_	
Signatur	re of authorized representative Filing Fee: Certified Copy: \$30.00 (optional)	signature		

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