L1400084743

me)						
hone #)						
MAIL						
Name)						
(Document Number)						
cates of Status						
Special Instructions to Filing Officer:						

Office Use Only



900265737429

12/18/14--01013--017 **75.00

TA DEC 18 AM II: 01

SECRETARY OF STATE

FILED

B. BOSTICK

DEC 19 2014

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: April Sapra Money Money 2 LL Name of Limited Liability Company	<u>_</u>
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:	
Jenn's Patel Name of Person	
Apra Sapra Money Money 2 LLC Firm/Company	
16818 Front Beach Rd, PCB, FL-32413 Address	2814 DE
Panama City Beach 1 F L /32413 City/State and Zip Code	ZIN DEC 18 A II: 5
destinations & gravilium E-mail address: (to be used for future annual report notification)	H: 50
For further information concerning this matter, please call:	
Jenn's Part at 850, 625-6645 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

STATEMENT OF AUTHORITY

authority:	005.0302(1), Florida Sta				_
FIRST: The name	of the limited liability o	ompany is: APNA S	SAPNA MONEY	MONEY 2	LLC
SECOND: The Flo	rida Document Number	of the limited liabilit	y company is:_L14(000184743	
THIRD: The street	address of the limited I	iability company's pr			
PANAM	A CITY BEACH				
FL 3240	7				
	ng address of the limite		principal office is:		
PANAM	A CITY BEACH				
FL 3240	7				
person on the follow	Granted to:	nsferring real propert	y held in the name of		71
b.	No authority granted	to:		RY OF STATE	O
2. May e a.	nter into other transacti Granted to:	ons on behalf of, or of SH PATEL	therwise act for or bir		
b.	No authority granted	to:			
		_	_ Jun		
Signature of authori:	zea representative	Filing Fee: \$2 Certified Copy: \$3	5.00	nted name of si	gnature

CR2E138 (2/14)