

L14000184743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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☐

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(Business Entity Name)

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B. BOSTICK

DEC 19 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Apna Sapna Money Money 2 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:

Bhavesh Amin

Name of Person

Apna Sapna Money Money 2 LLC

Firm/Company

16818 Front Beach Rd

Address

Panama City Beach, FL 32413

City/State and Zip Code

bamin1980@gmail.com

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

For further information concerning this matter, please call:

Bob Amin

at (

850

Area Code

867-0587

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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2.

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: Apna Sapna Money Money 2 LLC

SECOND: The Florida Document Number of the limited liability company is: L14000184743

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

16818 FRONT BEACH Road
PANAMA CITY BEACH
FLORIDA - 32413

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

117 Cedar Hammock Ln
PCB, FL - 32407

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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: Jennis Patel

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: Jennis Patel

b. No authority granted to: _____


Signature of authorized representative

Jennis Patel
Typed or printed name of signature

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