

L14 000193129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

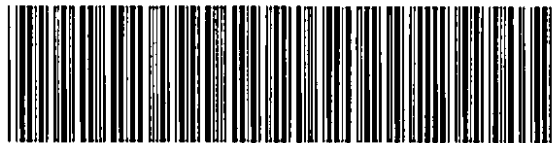
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 APR -7 11:10:40  
CLERK

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Real Oak Meadows LLC  
\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Suresh R Desai

\_\_\_\_\_  
Name of Person

Real Oak MEadows LLC

\_\_\_\_\_  
Firm/Company

100 Becker Avenue

\_\_\_\_\_  
Address

Sebastian, FL 32958

\_\_\_\_\_  
City/State and Zip Code

SRDESAI@YAHOO.COM

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

For further information concerning this matter, please call:

Suresh R Desai

772

913-0933

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## 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: Real Oak Meadows LLC

**SECOND:** The Florida Document Number of the limited liability company is: LI4000193129

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

100 Becker Avenue

Sebastian, FL 32958

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

100 Becker Avenue

Sebastian, FL 32958

**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: Hemant R Desai

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: Hemant R Desai

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

Suresh Desai  
Digitally signed by Suresh Desai  
DN: cn = Suresh Desai, email =  
sdesai@vision.com, c = US  
Date: 2022.04.07.19:58:45 -0400

Signature of authorized representative

Suresh R. Desai

Typed or printed name of signature

Filing Fee: **\$25.00**

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