

12/4/2017

**LS00004471**Division of Corporations  
Florida Department of StateDivision of Corporations  
Electronic Filing Cover Sheet

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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.\*\***

Email Address:

Office@gulatilaw.com**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SEVEN EAGLES, LLC**

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SARAH GULATI  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Seven Eagles, 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

GULATI LAW, P.L.

Firm/Company

479 MONTGOMERY PLACE

Address

ALTAMONTE SPRINGS, FLORIDA 32714

City/State and Zip Code

INFO@GULATILAW.COM

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

For further information concerning this matter, please call:

SARAH GULATI

Name of Person

407

Area Code

900-5054

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

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: Seven Eagles, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L15000044491

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

1779 Earhart Court

Port Orange, FL 32128

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

P.O. Box 829

Windermere, FL 34786

**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.

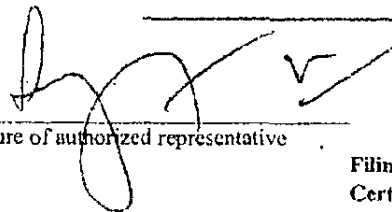
a. Granted to: Bhupinder Sodhi or Saranjit Sodhi

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: Bhupinder Sodhi or Saranjit Sodhi

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

  
Signature of authorized representative

Saranjit Sodhi  
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)