

L15 0000 51242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

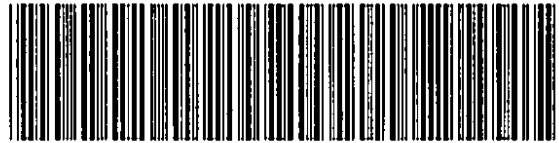
(Business Entity Name)

(Document Number)

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Statement
of
Authenticity

AUG 29 2020

D. CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Roland Custom Cabinets, 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:

Deosaran Persad

Name of Person

Roland Custom Cabinets, LLC

Firm/Company

792 SW Grove Ave

Address

Port St. Lucie, FL 34983

City/State and Zip Code

roland@rolandcustomcabinets.com

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

For further information concerning this matter, please call:

Deosaran Persad

Name of Person

at (772) 528-2181

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

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DIVISION OF CORPORATIONS
JUL 7 2007

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: Boland Custom Cabinets, LLC.

SECOND: The Florida Document Number of the limited liability company is: L15000051242

THIRD: The street address of the limited liability company's principal office is:
792 SW Grove Avenue
Port St. Lucie FL 34983

The mailing address of the limited liability company's principal office is:
792 SW Grove Avenue
Port St. Lucie FL 34983

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: Deosaran Persad

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: Deosaran Persad

b. No authority granted to: _____


Signature of authorized representative

Deosaran Persad
Typed or printed name of signature

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

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