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TÔ. **Registration Section Division of Corporations**

ST. THERESA SUNSHINE MANOR L.L.C. SUBJECT:

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:

Apalic & Bartin Name of Person Rosalina Baitan

<u>57. THERESA SUNSHINE MANOR, LLC</u> Firm/Company

1700 WELLS ROAD STE 24

Address

Orange Park, FL 32073

City/State and Zip Code

sbaitan@yahoo.com

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

For further information concerning this matter, please call:

For further intormation come Rosalina Baitan Rousen & Baker at (904 Area Code 874-0727 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



CR2E138 (2/14)

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: ST. THERESA SUNSHINE MANOR L.L.C.

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

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

1700 WELLS ROAD STE 24

Orange Park, FL 32073

The mailing address of the limited liability company's principal office is: 1700 WELLS ROAD STE 24 19 0CT 28 MM 9: 50

Orange Park, FL 32073

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:______BOSALINA BAITAN

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 : ROSALINA BAITAN

b. No authority granted to:

Signature of authorized representative

Ronald V. Baitan

Typed or printed name of signature

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