

# L15000080691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 11 2015

T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kamlah Family Properties 1 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:

**Sharyl K. Witt**

Name of Person

Firm/Company

**8905 SW 113th Terrace**

Address

**Gainesville, Florida 32608**

City/State and Zip Code

**skwitt924@gmail.com**

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

For further information concerning this matter, please call:

**Sharyl Witt**

at ( **352** )

**214-1934**

Name of Person

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



**Bogin, Munns  
& Munns, P.A.**

Attorneys at Law ■ Since 1979

Nancy K. Dinsmore

2700 NW 43<sup>rd</sup> Street  
Suite C  
Gainesville, FL 32606

Ph: (352) 332-7688  
Fax: (352) 332-7692  
ndinsmore@boginmunns.com

June 4, 2015

Via U.S. Mail

Registration Section  
Division of Corporations  
Florida Department of State  
PO Box 6327  
Tallahassee, FL 32314

Re: Kamlah Family Properties  
Our File No.:G130562

Dear Sir/Madam:

Enclosed please find the following documents for filing in your office:

- Statements of Authority for Kamlah Family Properties 1 – 6, LLC

Please return a certified copy of each document to our office in the self-addressed, stamped envelope that is provided.

If you have any questions, please do not hesitate to contact our office.

Very truly yours,

Nancy K. Dinsmore  
Legal Assistant for Philip N. Kabler, Esq.

/NKD  
Enclosures

**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: Kamlah Family Properties 1 LLC

**SECOND:** The Florida Document Number of the limited liability company is: L15000080691

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

8720 NE 77th Lane

Gainesville, Florida 32609

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

8720 NE 77th Lane

Gainesville, Florida 32609

**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.

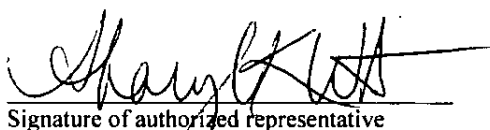
a. Granted to: Sharyl K. Witt

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: Sharyl K. Witt

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

  
Signature of authorized representative

Sharyl K. Witt  
Typed or printed name of signature

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

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