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SECRETARY OF STATE

JUN 1 1 2015 T. HARAPTON

## **COVER LETTER**

TO: Reg Div	istration Section ision of Corporations		
SUBJECT:	Kamlah Family Properties 2	LLC	
SOBJECT.	Name of Li	mited Liability Com	pany
Dear Sir or N	∕ladam:		
The enclosed	Statement of Authority and fee(s) are	submitted for filing.	
Please return	all correspondence concerning this ma	atter to the following	:
Sharyl K.	Witt		
	Name of Person		
-	Firm/Company		
8905 SW	113th Terrace		
	Address		
Gainesvil	le, Florida 32608		
	City/State and Zip Code		
skwitt924	@gmail.com		
E-n	nail address: (to be used for future annu	ual report notification	n)
For further in	nformation concerning this matter, plea	se call:	
Sharyl K.	Witt	352	214-1934
	Name of Person	Area Code	Daytime Telephone Number
STI	REET/COURIER ADDRESS:	MAILIN	NG ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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



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

CECOND T	The Florida Document Number of the limited liability company is:	0700
	ne street address of the limited liability company's principal office is:  20 NE 77th Lane	
Ga	ainesville, Florida 32609	<del></del>
	the mailing address of the limited liability company's principal office is:	
Ga	ainesville, Florida 32609	·
position of a	This statement of authority grants or sets limitations of authority on all persons herson in a company, whether as a member, transferee, manager, officer or other	
oosition of a person on the	person in a company, whether as a member, transferee, manager, officer or other	rwise or to a specific
osition of a person on the	person in a company, whether as a member, transferee, manager, officer or other e following:  May execute an instrument transferring real property held in the name of the co	rwise or to a specific mpany
oosition of a person on the	person in a company, whether as a member, transferee, manager, officer or other e following:  May execute an instrument transferring real property held in the name of the co  a. Granted to: Sharyl K. Witt	rwise or to a specific  mpany.  SECRETAR TALLAHAS
position of a person on the 1.	person in a company, whether as a member, transferee, manager, officer or other following:  May execute an instrument transferring real property held in the name of the co a. Granted to:  b. No authority granted to:  May enter into other transactions on behalf of, or otherwise act for or bind, the	rwise or to a specific mpany.  SECRETARY TALLAHASS

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