

L15000080716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

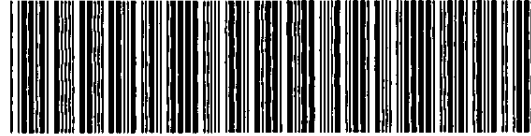
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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 5 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 K. Witt

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 43rd 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 5 LLC

SECOND: The Florida Document Number of the limited liability company is: L15000080716

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.

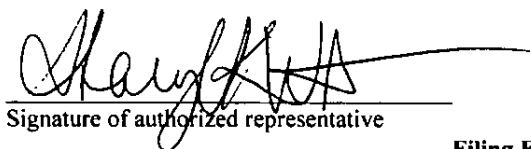
a. Granted to: Sharyl K. Witt

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA