

L15000104695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

NOV 18 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southside Residential, 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:

Apostolos Gionis
Name of Person

St. Pete Residential Management, LLC
Firm/Company

612 S. Martin Luther King Jr. Ave.
Address

Clearwater, Florida 33756
City/State and Zip Code

pgionis@gionislaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Apostolos Gionis at (727) 446-3333
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

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: Southside Residential, LLC

SECOND: The Florida Document Number of the limited liability company is: LS0000104695

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

612 S. Martin Luther King Jr. Ave.
Clearwater, FL 33756

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

612 S Martin Luther King Jr. Ave.
Clearwater, FL 33756

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: Robert McKinney

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: Robert McKinney

b. No authority granted to: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Cyrtoulos Nicolis
Signature of authorized representative

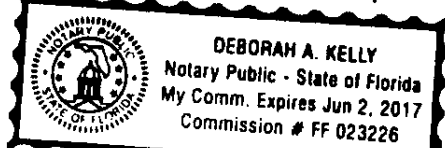
Apostolos Gionis
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)

I hereby witness Apostolos Gionis sign this document.



[Signature]
Notary Public