

L15000138277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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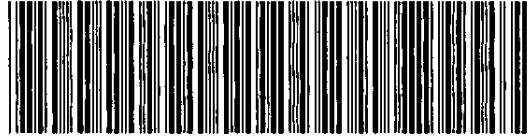
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 03 2015
J SHIVERS

GASSMAN, CROTTY & DENICOLO, P.A.

ATTORNEYS AT LAW

ALAN S. GASSMAN*+
KENNETH J. CROTTY***^
CHRISTOPHER J. DENICOLO***

*LL.M. IN TAXATION
+BOARD CERTIFIED LAWYER
WILLS, TRUSTS AND ESTATES
***LL.M. IN ESTATE PLANNING
^BOARD CERTIFIED LAWYER TAX LAW

1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756
TELEPHONE: (727) 442-1200
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August 28, 2015

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

To Whom it May Concern:

Enclosed please find a Statement of Authority for filing for Moonlight Condo, L.L.C.

Additionally, please find a check in the amount of \$55.00 for the cost of filing and certifying the enclosed Statement of Authority. Please return the certified Statement of Authority to our office in the enclosed self-addressed, stamped envelope.

Please do not hesitate to contact my office if you have any questions with respect to the attached.

Best personal regards,



Alan S. Gassman

ASG:jas
Enclosures
SASE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOONLIGHT, L.L.C.
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:

Alan S. Gassman, Esq.
Name of Person

Gassman Law Associates, P.A.
Firm/Company

1245 Court Street, Suite 102
Address

Clearwater, FL 33756
City/State and Zip Code

Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan S. Gassman, Esq. at (727) 442-1200
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: MOONLIGHT CONDO, 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:

1245 Court Street, Suite 102

Clearwater, FL 33756

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

1245 Court Street, Suite 102

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; may give a mortgage on real property held in the name of the company; may satisfy a mortgage on real property held in the name of the company; may record a lease, option, and/or mechanics lien on real property held in the name of the company; may record any other incumbrance which would cloud or otherwise provide a detrimental impact on the real property held in the name of the company.

a. Granted to: Gassman, Crotty & Denicolo, P.A. and Deeb Elder Law, P.A.

b. No person or entity other than the person(s) or entity(ies) listed under

Item 1(a) above, including no member, manager, transferee or otherwise of
MOONLIGHT CONDO, L.L.C., shall have any authority to take any of the actions set forth in
Item 1 above. The authority to take any of the actions set forth in Item 1 above is limited
solely to the person(s) or entity(ies) listed under Item 1(a) above.

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RECEIVED
CLERK OF STATE
TALLAHASSEE, FLORIDA

Julie A. Speakman
Witness
M. Vongvichitkeo
Witness

Alan S. Gassman
Signature of Authorized Representative
Alan S. Gassman, Esquire
Typed or printed name of signature

STATE OF FLORIDA)
COUNTY OF PINELLAS)

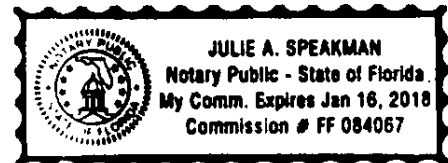
I HEREBY CERTIFY that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared ALAN S. GASSMAN, ESQUIRE, known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed this Deed, or that I relied upon the following forms of identification of the above-named person: _____.

WITNESS, my official hand and seal this ____ day of _____, 2015.

(SEAL)

Julie A. Speakman
Notary Public Signature

Printed Notary Signature



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

J:\TRACKERS\Statements of Authority\8575\Moonlight, L.L.C\Statement of Authority.1a.wpd
jas 8-3-15

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA