

L15000146770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

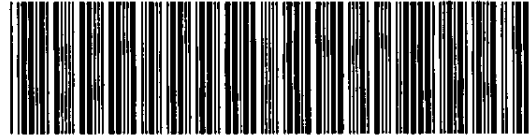
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 SEP 15 A 10:40

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2814 W. VIRGINIA AVE., 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:

Donald R. Hall, Esq.

Name of Person

Goza and Hall, P.A.

Firm/Company

28050 U.S. Hwy. 19 N., Suite 402

Address

Clearwater, FL 33761

City/State and Zip Code

dhall@gozahall.com

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

For further information concerning this matter, please call:

Donald R. Hall

Name of Person

727

at (_____) _____
Area Code

799-2625

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

Law Offices
GOZA AND HALL, P.A.
28050 U.S. Hwy. 19 North
Suite 402, Corporate Square
Clearwater, Florida 33761

Telephone (727) 799-2625
Fax (727) 796-8908
Attorney emails: dhall@gozahall.com
abrannon@gozahall.com

September 14, 2015

VIA UPS OVERNIGHT DELIVERY

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

Re: Statement of Authority - "2814 W. Virginia Ave., LLC"

Dear Sir/Madam:

Enclosed please find our client's Statement of Authority for the above captioned LLC.

Also enclosed is our check in the amount of \$55.00 for the filing fee and a **certified copy to be returned to our office at the address at the top of this letter.**

If you have any questions or require any additional information, please do not hesitate to contact us.

Very truly yours,



Barbara Brown,
Legal assistant to Donald R. Hall, Esq.
/bb
Enc.'s

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: 2814 W. Virginia Ave., LLC

SECOND: The Florida Document Number of the limited liability company is: L15000146770

THIRD: The street address of the limited liability company's principal office is:
2814 W. Virginia Ave.
Tampa, FL 33607

The mailing address of the limited liability company's principal office is:
2814 W. Virginia Ave.
Tampa, FL 33607

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: Karin Swisher Hotchkiss

b. No authority granted to: n/a

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Karin Swisher Hotchkiss

b. No authority granted to: n/a

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Karin Swisher Hotchkiss
Signature of authorized representative

Karin Swisher Hotchkiss
Typed or printed name of signature

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