

L15000158798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

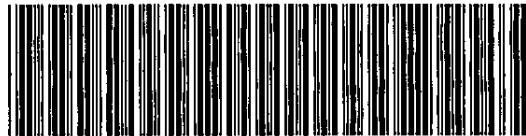
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

OCT 06 2015  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TREASURE SUNSET 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:

**D. SCOTT McLANE**

Name of Person

**McLANE, McLANE & McLANE ATTORNEYS**

Firm/Company

**275 N. CLEARWATER-LARGO ROAD**

Address

**LARGO, FL 33770**

City/State and Zip Code

**mclane@tampabay.rr.com**

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

For further information concerning this matter, please call:

**D. SCOTT McLANE**

at (

**727**

**584-2110**

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: TREASURE SUNSET LLC

SECOND: The Florida Document Number of the limited liability company is: L15000158798

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

11000 GULF BLVD., UNIT 705

TREASURE ISLAND, FL 33706

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

11000 GULF BLVD., UNIT 705

TREASURE ISLAND, FL 33706

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.

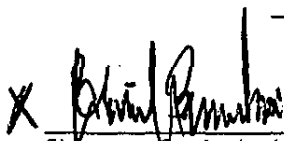
a. Granted to: DANIEL BIERNACKI

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: DANIEL BIERNACKI

b. No authority granted to: \_\_\_\_\_

X 

Signature of authorized representative

DANIEL BIERNACKI

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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