

LL5000205682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

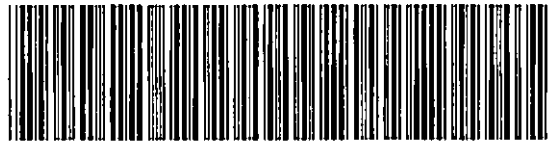
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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ALBRITTON

SFAC-MW-1, LLC

11635 NW 1st Avenue
Gainesville, FL 32607
352-332-0838

August 5, 2021

DIVISION OF CORPORATIONS
The Center of Tallahassee
2415 N. Monroe St. Suite 810
Tallahassee, FL 32303

RE: SFAC-MW-1, LLC, Document Number L15000205682

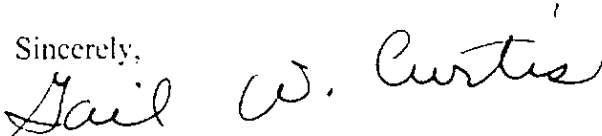
TO WHOM IT MAY CONCERN:

Enclosed please find the Amendment to SFAC-MW-1, LLC including a Change of Registered Office and Registered Agent and a Statement of Authority and a check covering the fees for Certificate of Status and Certified Copies for both documents.

Gail W Curtis is the Manager of BL Investment, LLC which is the MANAGER of SFAC-MW-1, LLC.

Thank you for your assistance.

Sincerely,



Gail W. Curtis

Email: gailcurtis@jotar.com

Attachments: 1) Cover Letter, 2) Amendment of LLC 3) Statement of Authority
4) Check in the Amount of \$115 for the Filing Fee for both and Certificate
of Status and Certified Copies of Both

gwc

THIS IS A FILING OF AN AMENDMENT,
WHICH MUST BE DONE, BEFORE CERTIFICATES
CAN BE GENERATED. *Idem* 8/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SFAC-MW-1, 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:

GAIL W CURTIS

Name of Person

SFAC-MW-1, LLC

Firm/Company

11635 NW 1ST Avenue

Address

Gainesville, FL 32607

City/State and Zip Code

gailcurtis@jotar.com

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

For further information concerning this matter, please call:

GAIL W CURTIS at (352) 332-0838
Name of Person Area Code Daytime Telephone Number

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: SFAC-MW-1, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000205682

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

11635 NW 1st Avenue

Gainesville, FL 32607

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

11635 NW 1st Avenue

Gainesville, FL 32607

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: GAIL W CURTIS and TASHIA C HALE

b. No authority granted to: JOHN MONROE CURTIS JR

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

a. Granted to: GAIL W CURTIS and TASHIA C HALE

b. No authority granted to: JOHN MONROE CURTIS JR


Signature of authorized representative

GAIL W CURTIS
Typed or printed name of signature

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