

L16000020644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

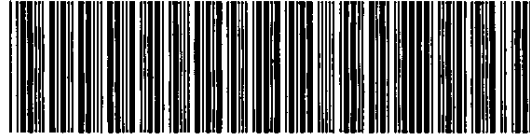
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400284979374

04/28/16--01024--019 **30.00

FILED
16 APR 28 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/20/16 AS

COVER LETTER

TO: Registration Section
Division of Corporations

1511 Lakeview Rd, LLC

SUBJECT: _____
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:

Victoria Saniukovich

Name of Person

1511 Lakeview Rd, LLC

Firm/Company

1511 Lakeview Rd

Address

Clearwater, FL, 33756

City/State and Zip Code

victoriasdds@gmail.com

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

For further information concerning this matter, please call:

Victoria Saniukovich

727

441-1571

at (_____) _____

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

FILED
16 APR 28 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: 1511 Lakeview Rd, LLC

SECOND: The Florida Document Number of the limited liability company is: 81-1263539

THIRD: The street address of the limited liability company's principal office is:
1511 Lakeview Rd, Clearwater, FL, 33756

The mailing address of the limited liability company's principal office is:
1511 Lakeview Rd, LLC
1511 Lakeview Rd, Clearwater, FL, 33756

FILED
16 APR 28 AM 9:40
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the 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.

Victoria Saniukovich

a. Granted to: _____

b. No authority granted to: _____

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

Victoria Saniukovich

a. Granted to: _____

b. No authority granted to: _____



Signature of authorized representative

Victoria Saniukovich, DDS

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)