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From:

Account Name : GULATI LAW
Account Number : I20130000014
Phone : (407)900-5054

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GOLDEN PEACH, LLC

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2017-12-06 15:31.43 (GMT)

14072091186 From: Sarah Gulati

## COVER LETTER

TO: Registration Section Division of Corporations Golden Peach, 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: SARAH GULATI . Name of Person GULATI LAW, P.L. Firm/Company **479 MONTGOMERY PLACE** Address ALTAMONTE SPRINGS, FLORIDA 32714

City/State and Zip Code

INFO@GULATILAW.COM

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

For further information concerning this matter, please call:

SARAH GULATI

900-5054

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2561 Executive Center Circle Tallihassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahaysee, Florida 32314

CR2E138 (2/14)

## STATEMENT OF AUTHORITY

	: The name of the limited liability company is: Golden Peach, LLC
CO	ND: The Florida Document Number of the limited liability company is: L16000033287
	6271 St. Augustine Road
	Suite 24-1027
	Jacksonville, FL 32217
	The mailing address of the limited liability company's principal office is:  6271 St. Augustine Road
	Suite 24-1027
	Jacksonville, FL 32217
	Granted to: Latresa A. Daniel and Nichola A. Johnson
	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: Latresa A. Daniel and Nichola A. Johnson
	b. No authority granted to:
	o. Pro aumony granou to.
dr	Latresa A. Daniel Typed or printed name of signature