

L16000036152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

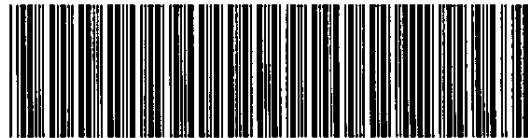
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/08/16--01022--004 **175.00

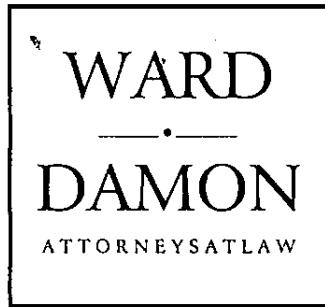
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

JUN 09 2016



4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407
Tel: (561) 842-3000
Fax: (561) 842-3626
www.warddamon.com

Adam R. Seligman, Esquire
ASeligman@warddamon.com

June 6, 2016

Via Federal Express
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Statement of Authority filing for 7 entities

Dear Sir/Madam:

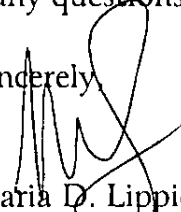
Enclosed please find the following Statement of Authority to be filed:

1. 5777 Strawberry Lakes Circle LLC;
2. 6142 Westfall Road LLC;
3. 4103 Ponza Place LLC;
4. 3570 Woods Walk Blvd LLC
5. BGM5 LLC;
6. BGM3 LLC;
7. BGM1 LLC

Also, enclosed is our firm's check in the amount of \$175.00 to cover the filing fee for the seven (7) Statement of Authority.

Please return a copy of the filed documents in the envelope provided herein.
Please feel free to contact our office with any questions.

Sincerely,


Maria D. Lippiello
Legal Assistant to Adam R. Seligman, Esq.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5777 STRAWBERRY LAKES CIRCLE 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:

ADAM R. SELIGMAN, ESQ.

Name of Person

WARD DAMON, PL

Firm/Company

4420 BEACON CIRCLE

Address

WEST PALM BEACH, FLORIDA 33407

City/State and Zip Code

ASELIGMAN@WARD DAMON.COM

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

For further information concerning this matter, please call:

ADAM R. SELIGMAN, ESQ.

Name of Person

at (561) 842-3000

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: 5777 STRAWBERRY LAKES CIRCLE LLC

SECOND: The Florida Document Number of the limited liability company is: L16000036152

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

28/43 MOSHE DAYAN STREET

YEHUD, ISRAEL 56460

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

28/43 MOSHE DAYAN STREET

YEHUD, ISRAEL 56460

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.

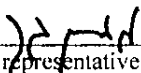
a. Granted to: Adam R. Seligman

b. No authority granted to: No limitations

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

a. Granted to: Adam R. Seligman

b. No authority granted to: No limitations


Signature of authorized representative

Gad Magazanic

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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TALLAHASSEE FLORIDA

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