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COVER LETTER

TO: Registration Section Division of Corporations

DUNEWALD, LLC

SUBJECT: _

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• . .

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:

MICHAEL HRIC

Name of Person

MICHAEL HRIC, P.A.

Firm/Company

1800 2nd Street, Suite 920

Address

Sarasota, Florida 34236

City/State and Zip Code

michaelhric@michaelhricesq.net

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

For further information concerning this matter, please call:

Michael Hric 941 954-1359 at (_____) 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

CR2E138 (2/14)

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: _____

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

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

1800 2nd Street, Suite 920

Sarasota, Florida 34236

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

1800 2nd Street, Suite 920

Sarasota, Florida 34236

FOURTH: This statement of authority grants or sets limitations of authority on all persons havin the state or position of a person in a company, whether as a member, transferee, manager, officer or otherwise of the associate person on the following:

1. May execute an instrument transferring real property held in the name of the company

a. Granted to: Patrick Murphy

Holly Jerdi

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 : ____

Holly Jerdi

b. No authority granted to:

Signature of/authorized representative

Michael Hric

Typed or printed name of signature

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

COVER LETTER

Registration Section TO: Division of Corporations

DUNEWALD, LLC

Name of Limited Liability Company

Dear Sir or Madam:

SUBJECT:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL HRIC

Name of Person

MICHAEL HRIC, P.A.

Firm/Company

1800 2nd Street, Suite 920

Address

Sarasota, Florida 34236

City/State and Zip Code

michaelhric@michaelhricesq.net

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

For further information concerning this matter, please call:

941 954-1359 Michael Hric 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

CR2E138 (2/14)

STATEMENT	OF	AUTHORI	ΓY
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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: DUNEWALD, LLC

• •

OND	L1600006870 ND: The Florida Document Number of the limited liability company is:	
	The street address of the limited liability company's principal office is:	
	800 2nd Street, Suite 920	
-	Sarasota, Florida 34236	
-	The mailing address of the limited liability company's principal office is: 1800 2nd Street, Suite 920	
-	Sarasota, Florida 34236	
-		-

- 1. May execute an instrument transferring real property held in the name of the company
 - I AON 611 Granted to:_____ a. Holly Jerdi EL FLORIDA AM 9: b. No authority granted to: _____ ¢r:

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

Granted to : Patrick Murphy

Holly Jerdi

No authority granted to: b.

Signature of authorized representative

a.

Michael Hric

Typed or printed name of signature

FILED

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