

LIL 000100629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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02/22/21--51047--002 **25.00

FILED 2-22-21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AYERSPACE 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:

Doreen Ayers

Name of Person

AYERSPACE LLC

Firm/Company

478 Birchington Lane

Address

Melbourne, FL 32940

City/State and Zip Code

DOREENFORAYERS@AOL.COM

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

For further information concerning this matter, please call:

Doreen Ayers

917

439 1615

Name of Person

at ()

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2021

DOREEN AYERS
478 BIRCHINGTON LANE
MELBOURNE, FL 32940

SUBJECT: AYERSPACE L.L.C.
Ref. Number: L16000100629

We have received your document for AYERSPACE L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 021A00008687

2021 MAY -7 PM 12:40
RECEIVED
TALLAHASSEE, FL

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: AYERSPACE LLC

SECOND: The Florida Document Number of the limited liability company is: L16000100629

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

478 BIRCHINGTON LANE

MELBOURNE FL 32940

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

SAME

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.

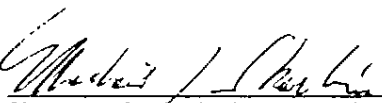
a. Granted to: DOREEN AYERS

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: MICHAEL SHERBIN

b. No authority granted to: _____


Signature of authorized representative

Michael Sherbin
Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**