

L16000100798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

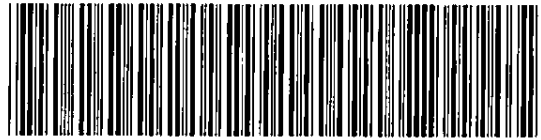
(Business Entity Name)

(Document Number)

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2025 FEB -8 PM 1:17
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KEVIN'S SOFFIT 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:

JACQUELINE M. DURHAM, ESQ.

Name of Person

KOONTZ & ASSOCIATES, PL

Firm/Company

1613 FRUITVILLE RD.

Address

SARASOTA, FL 34236

City/State and Zip Code

kevinsoffitllc@gmail.com

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

For further information concerning this matter, please call:

JACQUELINE M. DURHAM

941

225-2615

at ()

Name of Person

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 12, 2023

JACQUELINE M. DURHAM, ESQ.
KOONTZ & ASSOCIATES, PL
1613 FRUITVILLE ROAD
SARASOTA, FL 34236

SUBJECT: K&K SOFFIT LLC
Ref. Number: L16000100798

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

The name of the Limited Liability Company does not match the document number.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 923A00008264

RECEIVED
2023 MAY -8 PM 1:45
DIVISION OF CORPORATIONS
REGULATORY SPECIALIST
NEYSA CULLIGAN

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: K&K SOFFIT LLC, d/b/a KEVIN'S SOFFIT LLC

SECOND: The Florida Document Number of the limited liability company is: 1.16000100798

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

841 BOKHARA PLACE

SARASOTA, FL 34232

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

841 BOKHARA PLACE

SARASOTA, FL 34232

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: Kevin Stoltzfus

b. No authority granted to: Kyle Stoltzfus

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

a. Granted to: Kevin Stoltzfus; and
to Kyle Stoltzfus for any individual transaction not exceeding \$15,000.00

b. No authority granted to: Kyle Stoltzfus for any individual transaction
which exceeds \$15,000.00

→ 
Signature of authorized representative

Kevin Stoltzfus

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED
2023 MAY -8 PM 1:17
CLERK OF STATE
TALLAHASSEE, FL