

L16 000 126 367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

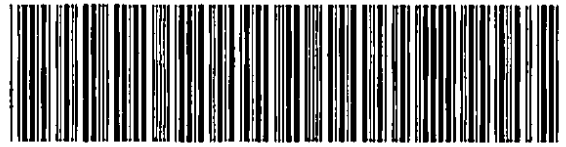
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

20

SEP 10 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZEPHYR HOMES, 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:

FRANK MOONEY

Name of Person

ZEPHYR HOMES, LLC

Firm/Company

P.O. BOX 1209

Address

SEBRING, FL 33870

City/State and Zip Code

frank@zephyrhomes.com

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

For further information concerning this matter, please call:

Frank Mooney

863
at ()

465-6000

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

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: ZEPHYR HOMES LLC

SECOND: The Florida Document Number of the limited liability company is: L16000126367

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

107 N RIDGEWOOD DRIVE

SEBRING, FL 33870

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

P.O. BOX 1209

SEBRING, FL 33870

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: DENISE RAVINE

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: DENISE RAVINE

b. No authority granted to: _____


Signature of authorized representative

FRANK MOONEY

Typed or printed name of signature

Filing Fee: **\$25.00**

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

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SECRETARY OF STATE
TALLAHASSEE, FL