

46000158173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

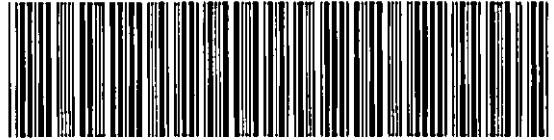
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300318698753

09/26/18--01012--021 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF REGISTRATION  
18 SEP 26 AM 9:46

N COOPER

SEP 28 2018

## POWER OF ATTORNEY – LIMITED

(Note: Rules regarding legal sufficiency of a power of attorney vary by state. Please consult your state rules and have the form reviewed by a lawyer in your state regarding additional language, witness signatures, and notary requirements.)

1. I, WERNER Y. GATUS, 17-03 Suydam St., Flushing, N.Y. 11385 [INSERT NAME and ADDRESS] the undersigned hereby make, constitute and appoint MARIA LUISE Y. GATUS [INSERT NAME and ADDRESS] as my attorney-in-fact who shall have full power and authority to undertake and perform only the following acts on my behalf:

[INSERT SPECIFIC MATTERS FOR WHICH POWER OF ATTORNEY IS BEING USED]

- (i) To sign on my behalf to the release of ownership
- (ii) of GUARDIAN HOME II, ALF, LLC, situated in
- (iii) 902 CANAL STREET, NEW SMYRNA BEACH, FL. 32168  
GUARDIAN II ALF, LLC.

2. This Power of Attorney is effective immediately and will continue until I revoke it.

[OR]

2. This Power of Attorney shall be effective on the date of 4/18/2018 [INSERT DATE]. This Power of Attorney shall terminate on the date of 4/18/2019 [INSERT DATE], unless I revoke it sooner. I may at any time or by any manner revoke this Power of Attorney.

3. This Power of Attorney Will [WILL OR WILL NOT] continue to be effective even though I become incapacitated.

4. This Power of Attorney shall be governed by the State of FLORIDA [INSERT STATE].

Signed this 18 day of April, 2018.

(Your signature) [Signature]

223-37-4847  
(Your Social Security number)

State of New York, County of Queens, USA

ANITA A BASDEO  
NOTARY PUBLIC, STATE OF NEW YORK  
QUEENS COUNTY  
NO. 01B/A6330837  
COMM. EXP. 09.29.2019





If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	GATUS, WERNER	431 E AIRPORT BLVD.	<input type="checkbox"/> Add
		SANFORD, FL 32773	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GATUS, MARIA LUISA	431 E AIRPORT BLVD.	<input type="checkbox"/> Add
		SANFORD, FL 32773	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 SEP 26 AM 9:46

18 SEP 26 AM 9:46

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

7/23/18

Signature of a member or authorized

Signature of a member or authorized representative of a member

MARIA LUISA GATUS

Typed or printed name of signee