

L16 000170909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

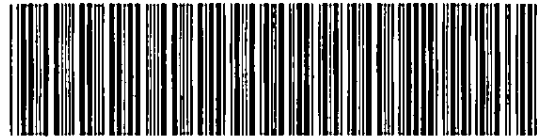
(Business Entity Name)

(Document Number)

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J SIMMONS

JUN 09 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNSET ACRES INVESTMENTS 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:

MICHAEL A. KOBIAKOV

Name of Person

SUNSET ACRES INVESTMENTS LLC

Firm/Company

6355 NW 36TH STREET, SUITE 603

Address

VIRGINIA GARDENS, FL 33166

City/State and Zip Code

MNKOBIAKOV@HOTMAIL.COM

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

For further information concerning this matter, please call:

MICHAEL KOBIAKOV

305

871-6777

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

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: SUNSET ACRES INVESTMENTS LLC

SECOND: The Florida Document Number of the limited liability company is: L16000170909

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

5979 NW 37 STREET

VIRGINIA GARDENS, FL 33166

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

6355 NW 36 ST SUITE 603

VIRGINIA GARDENS, FL 33166

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.

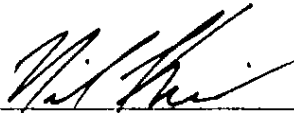
a. Granted to: MICHAEL KOBIAKOV

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 KOBIAKOV

b. No authority granted to: _____



Signature of authorized representative

MICHAEL A. KOBIAKOV

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)