

L16000173316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

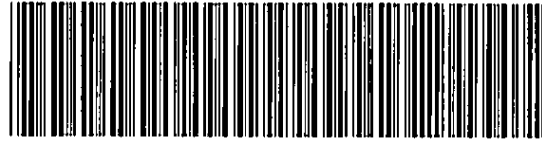
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**DATE: 05/21/2024**

**NAME: MIDNIGHT PASS, LLC**

**TYPE OF FILING: STATEMENT OF AUTHORITY**

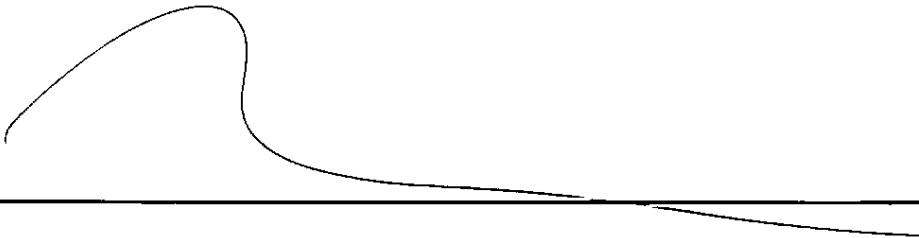
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Midnight Pass, 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:

Ryan Featherstone, Esq.

\_\_\_\_\_  
Name of Person

Dunlap Moran

\_\_\_\_\_  
Firm/Company

22 S. Links Ave., Suite 300

\_\_\_\_\_  
Address

Sarasota, FL 34236

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Ryan Featherstone

941

366-0115

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: Midnight Pass, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L16000173316

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

1111 N. Gulfstream Ave.

11 F

Sarasota, FL 34236

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

1111 N. Gulfstream Ave.

11 F

Sarasota, FL 34236

TALLAHASSEE, FLORIDA

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**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: Roger J. Sciascia

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: Roger J. Sciascia

b. No authority granted to: \_\_\_\_\_

Signature of authorized representative

Linda D. Sciascia and Sandra DeSimon

Typed or printed name of signature

Filing Fee: **\$25.00**

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