

LN000190842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

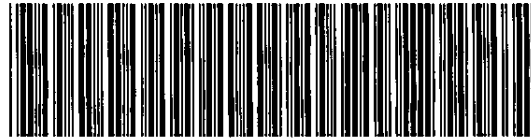
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 OCT 27 P 4 26

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OCT 28 2016

PADEREWSKI, DANNHEISSER & FLAHERTY, P.A.

ATTORNEYS AT LAW

ALEXANDER G. PADEREWSKI
B. V. DANNHEISSER, III
MARK T. FLAHERTY

1834 MAIN STREET
SARASOTA, FLORIDA 34236
(941) 365-7600
FAX (941) 366-6324

PERSONAL INJURY & WRONGFUL DEATH
WORKERS' COMPENSATION
FAMILY LAW • CRIMINAL LAW
GENERAL PRACTICE

October 26, 2016

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: SEMINOLE SRQ PROPERTIES, LLC

To Whom it May Concern:

Enclosed please find original Statement of Authority, along with my check in the amount of \$30.00 for filing fee and a certified copy. Please forward a certified copy of the Statement of Authority to my office at your earliest opportunity.

Thank you for your prompt attention to this matter.

Very truly yours,



MARK T. FLAHERTY

MTF/as
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEMINOLE SRQ PROPERTIES, 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:

Mark T. Flaherty

Name of Person

Paderewski, Dannheisser & Flaherty, P.A.

Firm/Company

1834 Main Street

Address

Sarasota, Florida 34236

City/State and Zip Code

mflaherty5@pdfattorneys.com

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

For further information concerning this matter, please call:

<u>Mark T. Flaherty</u>	at (<u>941</u>)	<u>366-5150</u>
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: SEMINOLE SRQ PROPERTIES, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000190842

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

2180 Main Street

Sarasota, Florida 34237

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

2180 Main Street

Sarasota, Florida 34237

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:

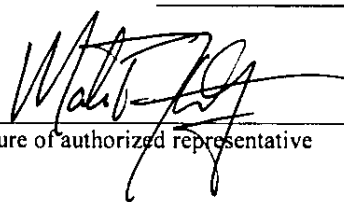
a. Granted to: Mark T. Flaherty

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: Mark T. Flaherty

b. No authority granted to: _____


Signature of authorized representative

Mark T. Flaherty

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)