L17 000 069691

12)
one #)
MAIL
Name)
er)
ites of Status
iles of Status
Only WAA



500395875925

10.14.22--01007--017 **55.00

22 OCT 11. AM 5: 05

COVER LETTER

TO:

Registration Section
Division of Corporations

ELIZABETH EVANS CUSTOM HOMES, LLC SUBJECT: _ 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: Gavin David Magaziner Name of Person Magaziner Law, P.A. Firm/Company 1703 N. McMullen Booth Road Address Safety Harbor, FL 34695 City/State and Zip Code gavin@gmlawtl.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gavin David Magaziner 347-8017

Mailing Address

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

Name of Person

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Daytime Telephone Number

22 OCT 14 AM 5: 0

STATEMENT OF AUTHORITY

authority	<i>!</i> :), Florida Statutes, this limited liability company submits the following statement of
FIRST:	The name of the lim	ted liability company is: ELIZABETH EVANS CUSTOM HOMES, LLC
SECON	D: The Florida Docu	ment Number of the limited liability company is:
THIRD	: The street address of 6900 PHILIPS HIGH	The limited liability company's principal office is: IWAY, STE. 31
	JACKSONVILLE, I	L 32216 Sof the limited liability company's principal office is:
	The mailing address	s of the limited liability company's principal office is: بين المنافقة الم
	JACKSONVILLE,	L 32216
position	of a person in a compon the following: 1. May execute an	authority grants or sets limitations of authority on all persons having the status or any, whether as a member, transferee, manager, officer or otherwise or to a specific instrument transferring real property held in the name of the company. to:
	b. No autl	ority granted to: Cindy Harkrider
	•	other transactions on behalf of, or otherwise act for or bind, the company. Elizabeth Evans; Cindy Harkrider to:
	b. No aut	ority granted to:
Signatu	re of authorized/repre	Gavin David Magaziner, Esq., AR Typed or printed name of signature
`	#1	Filing Fee: \$25.00 Certified Conv. \$30.00 (ontional)

CR2E138 (2/14)