

07/18/2017

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Division of Corporations

(FAX)

P2001/003

Florida Department of State
Division of Corporations
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To:

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Fax Number : (850)617-6383

From:

Account Name : GULATI LAW
Account Number : I20130000014
Phone : (407)900-5054
Fax Number : (407)517-4931

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

office@gulati-law.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SUNSHINE MAGIC PROPERTIES,LLC**

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JUL 19 2017

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunshine Magic 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:

Sarah Gulati

Name of Person

Premier Florida Title, LLC

Firm/Company

479 Montgomery Place

Address

Altamonte Springs, FL 32714

City/State and Zip Code

info@premierfloridatitle.com

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

For further information concerning this matter, please call:

Sarah Gulati

at (407) 900-5054
Area Code Daytime Telephone Number

Name of Person

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: Sunshine Magic Properties, LLC

SECOND: The Florida Document Number of the limited liability company is: L17000076814

THIRD: The street address of the limited liability company's principal office is:
595 West Church Street

Apt 611

Orlando, FL 32805

The mailing address of the limited liability company's principal office is:
424E Central Blvd

Suite 505

Orlando, FL 32801

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: Sarita Mishra

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: Sarita Mishra

b. No authority granted to: _____

Sarita Mishra
Signature of authorized representative

SARITA MISHRA
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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