

L17000103125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

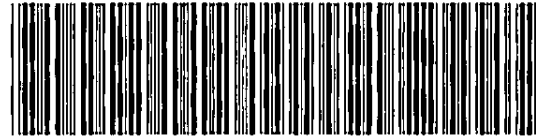
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/26/21--01019--02- **52.50

07/29/21--01024--010 **25.00

R. WHITE
103 01 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 JUL 26 PM 2:36

July 2, 2021

WILLIAM WELLS
3 SEA HAWK DR
ORMOND BEACH, FL 32176

SUBJECT: APOSA GROUP LLC
Ref. Number: L17000103125

We have received your document for APOSA GROUP LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a GENERAL PARTNERSHIP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 921A00015299

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aposa Group 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:

William Wells
Name of Person

APOsa Group LLC
Firm/Company

740 Totoket Rd
Address

Northford, CT 06472
City/State and Zip Code

bwells@spencewells-com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Wells at (860) 573 8042
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: Apasa Group LLC

SECOND: The Florida Document Number of the limited liability company is: 82-1773290

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

3 Seabawk Drive
Diamond Beach, FL 32176

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

740 Totoket Rd
Northford, CT 06472

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: William Wells

b. No authority granted to: Jeff Cross

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: William Wells

b. No authority granted to: Jeff Cross

[Signature]
Signature of authorized representative

William Wells
Typed or printed name of signature

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