

217000 136174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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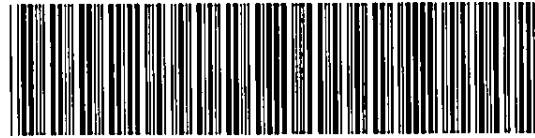
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2018 JUN -4 11:11:11

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June 1, 2018

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

Re: #1-52670: Creighton Plaza of Pensacola, LLC

Dear Sir/Madam,

Enclosed is our Trust Account Check #73763, in the amount of \$25.00, which represents payment for the above referenced filing.

Sincerely,



Tonjia Brown
Closing Agent

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Creighton Plaza of Pensacola, 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:

Kishor P. Patel

Name of Person

Firm/Company

14710 Innerarity Point Road

Address

Pensacola, Florida 32507

City/State and Zip Code

patel2006@icloud.com

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

For further information concerning this matter, please call:

Kishor P. Patel

at (850) 712-2971

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: Creighton Plaza of Pensacola, LLC

SECOND: The Florida Document Number of the limited liability company is: L17000136174

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

14710 Innerarity Point Road

Pensacola, Florida 32507

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

14710 Innerarity Point Road

Pensacola, Florida 32507

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:

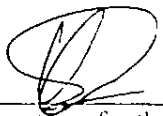
a. Granted to: Kishor P. Patel or Damayanti K. Patel

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: Kishor P. Patel or Damayanti K. Patel

b. No authority granted to: _____


Signature of authorized representative

Kishor P. Patel

Kishor P. Patel

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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