

L17000141828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

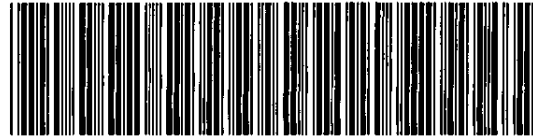
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500301110795

07/10/17--01041--005 **30.00

FILED
17 JUL 10 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
JUL 12 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sara Bay Rentals 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:

Peter J. Pike, Esq.

Name of Person

Pike Law Firm, PA

Firm/Company

5635 Country Lakes Drive

Address

Sarasota, FL 34243

City/State and Zip Code

peter@pikerelaw.com

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

For further information concerning this matter, please call:

Peter J. Pike, Esq.

Name of Person

at (941)

Area Code

312-2580

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

CR2E138 (2/14)

FILED
JUL 10 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Sara Bay Rentals LLC

SECOND: The Florida Document Number of the limited liability company is: L17000141828

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

2892 Bay Street

Sarasota, FL 34237

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

3515 Austin Street

Sarasota, FL 34231

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: My Ha Vo

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: My Ha Vo

b. No authority granted to: _____



My Ha Vo
Signature of authorized representative

Em Nguyen, Manager

My Ha Vo, Manager

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED
JUL 10 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA