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To:

Division of Corporations

Fax Number

; (850)617-6383

From:

Account Name : GULATI LAW

Account Number : 120130000014

Phone Fax Number : (407)900-5054

: (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 en

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	2			
Name of L	imited Liability C	ompany		
Dear Sir or Madam:				
The enclosed Statement of Authority and fee(s) are	e submitted for fili	ng.		
Please return all correspondence concerning this m	natter to the follow	ing:		
SARAH GULATI				
Name of Person				
GULATI LAW, P.L.			00 N	
Firm/Company			ECR TAL	
479 MONTGOMERY PLACE			EB .	***
Address			\$88. 0	5
ALTAMONTE SPRINGS, FL 32714			PM 4: 47 OF STATE SEE, FL	
City/State and Zip Code			31K 154:	
OFFICE@GULATILAW.COM			~	
E-mail address: (to be used for future ann	nual report notifica	tion)		
For further information concerning this matter, ple	ease call:			
SARAH GULATI	407 at (900-5054)		
Name of Person	Area Coo	le Daytime Tele	phone 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: THE ROOM OF CHOCOLATE LLC			
SECOND: The Florida Document Number of the limited liability company is: L17000201279)		
THIRD: The street address of the limited liability company's principal office is: 7653 International Dr., Suite 100, Orlando, FL 32819			
The mailing address of the limited liability company's principal office is: 7653 International Dr., Suite 100, Orlando, FL 32819	SECRE TALL	3	
FOURTH: This statement of authority grants or sets limitations of authority on all persons he position of a person in a company, whether as a member, transferee, manager, officer or other person on the following:	wise of to a special	m	
May execute an instrument transferring real property held in the name of the con Meit Shah a. Granted to:			
b. No authority granted to:			
2. May enter into other transactions on behalf of, or otherwise act for or bind, the case. a. Granted to: Meit Shah	company.		
b. No authority granted to:			
Signature of authorized representative Filing Fee: \$25.00	me of signature	-	
Certified Copy: \$30.00 (optional)			