

L17000217231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 22 PM 2:25

K. SALY
JAN 23 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHEF'S USA LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HERMAN CAMACHO

Name of Person

CHEF'S USA LLC

Firm/Company

334 SW COMMERCE DR

Address

LAKE CITY FL, 32025

City/State and Zip Code

ctc-herman@hotmail.com

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

For further information concerning this matter, please call:

Herman Camacho

Name of Person

at ()

561

Area Code

3795657

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: CHEF'S USA LLC

SECOND: The Florida Document Number of the limited liability company is: L17000217231

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

334 SW COMMERCE DR

LAKE CITY, FL. 32025

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

334 SW COMMERCE DR

LAKE CITY, FL. 32025

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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.

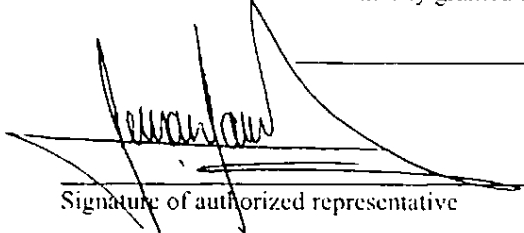
a. Granted to: MRS. ELSA CUELLAR DE CAMACHO

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: MRS. ELSA CUELLAR DE CAMACHO

b. No authority granted to: _____


Signature of authorized representative

HERMAN CAMACHO

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)