L18000 002 667

(Re	questor's Name)				
(Ad	dress)				
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(Cit	y/State/Zip/Phone	- #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Document Number)					
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JAN 1 3 2020 I ALBRITTON

COVER LETTER

TO:		istration Section ision of Corporations		
SUBJI	ECT:	2415 63RD, LLC		
		Name of Lim	ited Liability Comp	pany
Dear S	ir or N	1adam:		
The en	closed	Statement of Authority and fee(s) are su	bmitted for filing.	
Please	return	all correspondence concerning this matt	er to the following:	:
Micha	el Hri	:		
		Name of Person	···	
Micha	el Hri	c, P.A.		
		Firm/Company		
1800 2	2nd Sti	reet, Suite 920		
		Address		
Sarasc	ta, Flo	orida 34236		
		City/State and Zip Code		
micha	elhric(@michaelhricesq.net		
	E-n	nail address: (to be used for future annua	report notification)
For fur	ther in	formation concerning this matter, please	call;	
Micha	el Hri	3	941 at (954-1359
		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: 2415 63RD, LLC SECOND: The Florida Document Number of the limited liability company is: L18000002667					
	Sarasota, Florida 34240		C-9 L		
	P.O. Box 698	iability company's principal office is:	SEEL FLORIDA		
•	Sarasota, Florida 34230		<u> </u>		
	-	ferring real property held in the name of the lholland, Jr., Steve Anast			
	b. No authority granted to:	·			
	•	s on behalf of, or otherwise act for or bind, filholland, Jr., Steve Anast	the company.		
	b. No authority granted to:				
	A				