118000216563

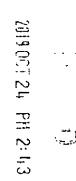
(Requestor's Name)			
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COVER LETTER

TO: Registration Section Division of Corporations **GULF BREEZE SHORES LLC** SUBJECT: _ 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: Tina Smith Name of Person Merideth Nagel, P.A. Firm/Company 1201 W. Highway 50 Address Clermont, FL 34711 City/State and Zip Code tina.smith@mnagellaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tina Smith Daytime Telephone Number Name of Person

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 authority:		this limited liability company submits the following statement of	
FIRST:	The name of the limited liability company	y is: Gulf Breeze Shores LLC	
SECONI	D: The Florida Document Number of the	timited liability company is: L18000216563	
	The street address of the limited liability 4741 Atlantic Blvd.	company's principal office is:	
- -	Suite F	28	
_	Jacksonville, FL 32207	2819 001	
	The mailing address of the limited liabil 277 Locust St	lity company's principal office is:	
-	Suite A	PH 2: 43	
-	Dover, NH 03820		
		ng real property held in the name of the company. agel, Tina Smith and Joni Story	
	b. No authority granted to:		
2		behalf of, or otherwise act for or bind, the company.	
	b. No authority granted to:		
	mr Ding	Joseph T. Clayton	
Signature	of authorized representative Filing Certif	Typed or printed name of signature 3 Fee: \$25.00 fied Copy: \$30.00 (optional)	