

L19000093122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Statement
of
Authority

JUN 18 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASTLE DOOR STUDIOS 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:

ZACHARIAH CABRAL

Name of Person

CASTLE DOOR STUDIOS

Firm/Company

2662 SHADY BRANCH DR

Address

ORLANDO, FL. 32822

City/State and Zip Code

CASTLEDORSTUDIOS@GMAIL.COM

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

For further information concerning this matter, please call:

ZACHARIAH CABRAL

Name of Person

at (407)

Area Code

243-8229

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

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OFFICE OF STATE
CORPORATIONS
19 MAY 23 PM 4:44

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: CASTLE DOOR STUDIOS LLC

SECOND: The Florida Document Number of the limited liability company is: L19000093122

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

1890 KENTUCKY AVE
WINTER PARK, FL. 32789

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

1890 KENTUCKY AVE
WINTER PARK FL. 32789

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: _____

b. No authority granted to: CHRISTOPHER A. CHARLES

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: _____

b. No authority granted to: CHRISTOPHER A. CHARLES



Signature of authorized representative

ZACHARIAH CABRAL

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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JULY 23 PM 4:44
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