

L19 000196729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

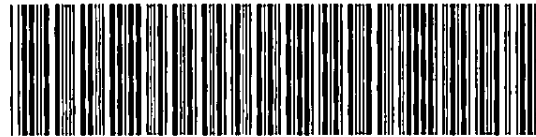
(Business Entity Name)

(Document Number)

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DEC 05 2021
S. YOUNG

2021 DEC 21 AM 7:06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROSENCARE, 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:

CAROL ZMUDA

Name of Person

ROSEN HOTELS & RESORTS, INC.

Firm/Company

4000 DESTINATION PARKWAY

Address

ORLANDO, FL 32819

City/State and Zip Code

CZMUDA@ROSENHOTELS.COM

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

For further information concerning this matter, please call:

CAROL ZMUDA

407

996-9840

at ()

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: ROSENCARE, LLC

SECOND: The Florida Document Number of the limited liability company is: L19000196729

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

4000 DESTINATION PARKWAY

ORLANDO, FL 32819

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

4000 DESTINATION PARKWAY

ORLANDO, FL 32819

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status 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: HARRIS ROSEN - MANAGER

FRANK A. SANTOS - MANAGER

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: HARRIS ROSEN - MANAGER

FRANK A. SANTOS - MANAGER

b. No authority granted to: _____



Signature of authorized representative

FRANK A. SANTOS - MANAGER

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

2020 DEC 21 AM 7:06