

L19000 209250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

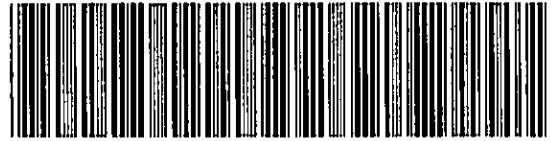
(Business Entity Name)

(Document Number)

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JUN 20 2020

1 ALLOCATION

2020 JUN 11 PM 1:14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Creative Sunshine Homes, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Greg Norman

Name of Person

Creative Sunshine Homes, LLC

Firm/Company

6803 Finian Dr.

Address

Wilmington, NC 28409

City/State and Zip Code

greg.norman1234@gmail.com

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

For further information concerning this matter, please call:

Greg Norman

703

459-9669

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: Creative Sunshine Homes, LLC

SECOND: The Florida Document Number of the limited liability company is: L19000209250

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

13801 Walsingham Rd.

A112

Largo, FL 33774

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

13801 Walsingham Rd.

A112

Largo, FL 33774

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: John E. Mead

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: John E. Mead

b. No authority granted to: _____



Signature of authorized representative

Greg Norman, Manager

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**