

L190000278232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

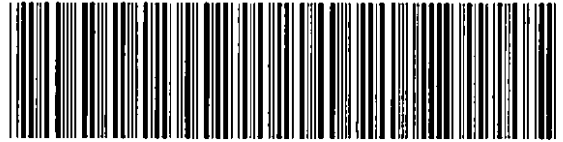
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SANRIVER FARMS, 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:

Brent Baris  
Name of Person

Baris Law, PLLC  
Firm/Company

15906 NW 288th Lane  
Address

Alachua, FL 32615  
City/State and Zip Code

virginia@sanchezfarms.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brent Baris at ( 813 ) 363-5676  
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: SANRIVER FARMS, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L19000278232

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

479 NE 446TH STREET

OLD TOWN, FL 32680

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

479 NE 446TH STREET

OLD TOWN, FL 32680

**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: Herman Sanchez, Jr., Virginia Sanchez,

Herman Sanchez III, Kelby Sanchez

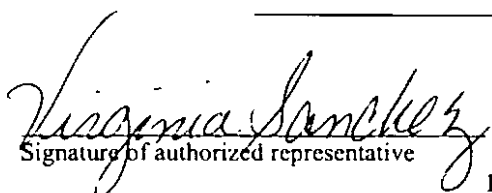
b. No authority granted to: \_\_\_\_\_

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

a. Granted to: Herman Sanchez, Jr., Virginia Sanchez,

Herman Sanchez III, Kelby Sanchez

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

Virginia Sanchez

Typed or printed name of signature

Filing Fee: **\$25.00**

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

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