

L19000278450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

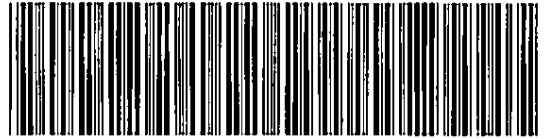
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEGAL AND HEALTH CARE CONSULTING, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS J. CHERICHELLO
Name of Person

LAW OFFICE OF THOMAS J. CHERICHELLO
Firm/Company

4411 BEE RIDGE RD. STE 187
Address

SARASOTA FL 34233
City/State and Zip Code

TJCHERICHELLO@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS CHERICHELLO at (941) 250-6827
Name of Person Area Code & 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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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: LEGAL AND HEALTH CARE
CONSULTING, LLC

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

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

15 PARADISE PLAZA
135
SARASOTA, FL 34239

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

15 PARADISE PLAZA
135
SARASOTA, FL 34239

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: Alicia Uelman

b. No authority granted to: Thomas J. Cherichello

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

a. Granted to: Alicia Uelman

b. No authority granted to: Thomas Cherichello

Thomas Cherichello
Signature of authorized representative

THOMAS J. CHERICHELO,
Typed or printed name of signature
ESQ

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

19 DEC 13 PM 2:36

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