

L20000059488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

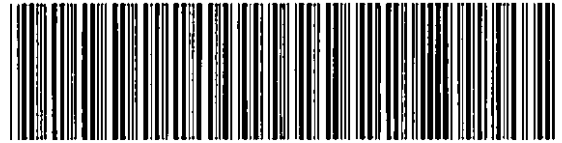
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TINOLA SUNRISE, 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:

Darrin R. Schutt

Name of Person

Schutt Law Firm PA

Firm/Company

12601 New Brittany Boulevard

Address

Fort Myers, Florida 33907

City/State and Zip Code

darrin.schutt@schuttlaw.com

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

For further information concerning this matter, please call:

Darrin R. Schutt

239

540-7007

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

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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: TINOLA SUNRISE, LLC

SECOND: The Florida Document Number of the limited liability company is: L20000059488

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

5625 Riverside Drive

Cape Coral, Florida 33904

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

Oelsch 41A

D-96450 Coburg

Germany

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: MARGUSTIN GISELA MAIER

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: MARGUSTIN GISELA MAIER

b. No authority granted to: _____

4/5
Signature of authorized representative

OLAF MAIER

Typed or printed name of signature

Filing Fee: **\$25.00**

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

2023 APR 21 11:13