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#### **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJEC	Shoreline Business Center LLC
	Name of Limited Liability Company
Dear Sir	or Madam:
The enc	losed Statement of Authority and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
Judith A	A. Brown
	Name of Person
Sutherla	and Brown Management LLC
-	Firm/Company
100 Sho	oreline Drive
	Address
Lake Pl	acid, FL 33852
	City/State and Zip Code
CampF	loridaResort@gmail.com
	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call-

214

Area Code

\_ at (\_\_

## **Mailing Address:**

Charles E. Sutherland

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Name of Person

## **Street Address:**

323-7995

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Daytime Telephone Number

## 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	e limited liability co	ompany is:	ne Business Center LLC	
SECON	D: The Florida	Document Number	of the limited liabil	lity company is:	
THIRD:	The street addr		iability company's p	orincipal office is:	~. `
	Lake Placid, FL				0
	The mailing according E S	ddress of the limite		's principal office is:	5.46.0.2
	PO Box 110956	5			, o
	Carrollton, TX	75011			
	n the following:  1. May execut	te an instrument tra	nsferring real prope Brown	eree, manager, officer or otherwise of the company	-
	b. No	o authority granted	to:		
	-		ons on behalf of, or	otherwise act for or bind, the compa	any.
	b. No	authority granted	to:		
Une	ilis (S)			Charles E. Sutherland	
Signatur	e of authorized r	epresentative	Filing Fee: 5 Certified Copy: 5	Typed or printed name of \$25.00 (optional)	`signature

CR2E138 (2/14)