# L20000157058

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#### **COVER LETTER**

Div	ision of Corporations		
SUBJECT:	Shoreline Investors Group LLC		
SOBSECT.	Name o	f Limited Liability Comp	bany
Dear Sir or l	Madam:		
The enclosed	d Statement of Authority and fee(s)	are submitted for filing.	
Please return	n all correspondence concerning this	s matter to the following:	
Judith A. B	rown		
	Name of Person		
Sutherland	Brown Management LLC		
<del></del>	Firm/Company		
100 Shoreli	ne Drive		
	Address		
Lake Placid	, FL 33852		
	City/State and Zip Code		
CampFlorid	laResort@gmail.com		
E-1	mail address: (to be used for future a	annual report notification	))
For further i	nformation concerning this matter, p	please call:	
Charles E. S	Sutherland	214 at ()	323-7995
	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

TO:

Registration Section

## STATEMENT OF AUTHORITY

Pursuant authority		0302(1), Florida Stat	tutes, this limited liab	oility company submits the following	g statement of
FIRST:	The name of the	ne limited liability co	ompany is:	Investors Group LLC	
SECON	D: The Florida	Document Number	of the limited liabilit	y company is:	
THIRD:	The street add		ability company's pr	incipal office is:	
	Lake Placid, F	L 33852			
	The mailing c/o Charles E		d liability company's	principal office is:	
	PO Box 110956				۰.۰ تر) س
	Carrollton, TX	75011			
	the following  1. May execu	: ute an instrument trai	nsferring real propert	ee, manager, officer or otherwise or y held in the name of the company.	<b>,</b>
	b. N	o authority granted t	to:		
			Rrown	therwise act for or bind, the compan	у.
	b. N	lo authority granted t	to:		
Signatur	e of authorized	representative	-	Charles E. Sutherland  Typed or printed name of s	ignature
		(	Filing Fee: \$2	5.00	-5