10/1/24, 4:31 Pt Division of Corporations Electronic Filing Cover Sheet

> Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

> > (((H24000332549 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for futures annual report mailings. Enter only one email address please.∗₽

Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUNSHINE ABOUNDS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limite authority:	
FIRST: The name of the limited liability company is:	SHINE ABOUNDS, LLC
SECOND: The Florida Document Number of the limited li	ability company is: L20000186977
THIRD: The street address of the limited liability company c/o Dennis Cancellarich	s principal office is:
Forvis Mazars	
60 Crossways Park Drive West, Suite 301, Woodb	ury, NY 11797
The mailing address of the limited liability compector Dennis Cancellarich	any's principal office is:
Forvis Mazars	in a
60 Crossways Park Drive West, Suite 301, Woodb	m,
person on the following:  1. May execute an instrument transferring real pr a. Granted to: Melinda T. Rosenquist	
b. No authority granted to:	rson
May enter into other transactions on behalf of a. Granted to:  Melinda T. Rosenquist	, or otherwise act for or bind, the company.
b. No authority granted to:	rson
Taylor R. Hess	Taylor R. Hess
Signature of authorized representative Filing Fee: Certified Copy	Typed or printed name of signature \$25.00 y: \$30.00 (optional)