L20000193906

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
_		
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	

Office Use Only



200354599062

11/12/20--01025--017 **30.00

S TALLENT

2021 JAN 12 AM 7: 48

Statement y

FLORIDA DEPARTMENT OF STATE of mess page in authory
Division of Corporations

Office and banks

Office

December 18, 2020

ELENA S NIMGIROVA POOBEARS 807 US HWY 41, BYPASS S VENICE, FL 34285

SUBJECT: POOBEARS

Ref. Number: L20000193906

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE ACCEPT OUR APOLOGIES, AND NOTE THAT THIS DOCUMENT WAS FILED IN ERROR, AS THE LIMITED LIABILITY COMPANY'S NAME WAS NOT COMPLETED IN ITS ENTIRETY. PLEASE RESUBMIT AFTER THE ENTITY NAME ISSUE HAS BEEN RESOLVED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 820A00025747

Susan Tallent Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Division of Corporations		
SUBJECT: Poolears grooming service Name of Limited Diability 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:		
Elena S Nimgirova Name of Person		
Pooleans grooming service		
807 US HWY 41, Bypass S		
Vence, 34285 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Elena Nimpilova at 813 3776295 Name of Person Area Code Daytime Telephone Number		
Name of Person (1) 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 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: Pooleans LLC.
SECOND: The Florida Document Number of the limited liability company is: £20000193906
THIRD: The street address of the limited liability company's principal office is: 807 US HWY 41 By DOWS S VENUCE 34285, Unit E
The mailing address of the limited liability company's principal office is: 930 Queen Road
Venree F1 34293
FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to perperson on the following:
1. May execute an instrument transferring real property held in the name of the company. a. Granted to:Eleng
b. No authority granted to: NA
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company. a. Granted to: Eleng S Nimg move Eleng S Nimg move
b. No authority granted to: No authority granted to:
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)