

L21000129868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

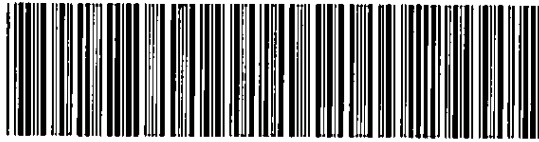
(Document Number)

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2021 JUL 14 PM 2:20Z JUL 14 AM 10:10

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**CORPORATE  
ACCESS,  
INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303  
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**WALK IN**

**PICK UP:** 7/14 Glinda

<b>XX</b>	<b>CERTIFIED COPY</b>	_____
<input type="checkbox"/>	<b>PHOTOCOPY</b>	_____
<input type="checkbox"/>	<b>CUS</b>	_____
<b>XX</b>	<b>FILING</b>	<u><b>LLC STATEMENT OF AUTHORITY</b></u>

1. Laxmi Of Deland, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LAXMI OF DELAND, 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:

KAUSHIK PATEL / HITESH PATEL

Name of Person

LAXMI OF DELAND, LLC

Firm/Company

1941 S WOODLAND AVENUE

Address

DELAND, FLORIDA 32720

City/State and Zip Code

vicpatel72@gmail.com

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

For further information concerning this matter, please call:

Kaushik Patel / Hitesh Patel

803 290-5025  
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

### 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: LAXMI OF DELAND LLC

**SECOND:** The Florida Document Number of the limited liability company is: L21000129868

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

1941 S WOODLAND AVE, DELAND, FL 32720

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

1941 S WOODLAND AVE, DELAND, FL 32720

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CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

**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: KAUSHIK PATEL and / or HITESH PATEL

b. No authority granted to: N/A

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: KAUSHIK PATEL and / or HITESH PATEL

b. No authority granted to: N/A

Kaushik Patel  
Signature of authorized representative

Kaushik Patel / Hitesh Patel  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)