

121000166792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

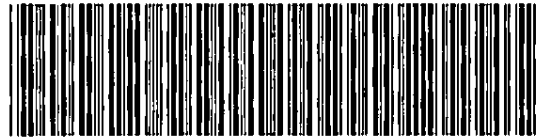
(Business Entity Name)

(Document Number)

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SEP 1 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pacs Moving and Storage *uc*
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:

Peter A Cunningham

Name of Person

Pacs Moving and Storage

Firm/Company

521 sw 2nd place

Address

Pompano beach, FL 33060

City/State and Zip Code

pacsmoving@gmail.com

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

For further information concerning this matter, please call:

Peter Cunningham

at (786) 862-8260

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: Pacs Moving and Storage LLC

SECOND: The Florida Document Number of the limited liability company is: 1.21000166792

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

521 sw 2nd pl. Pompano beach.fl. 33060

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

521 sw 2nd pl. Pompano beach.fl. 33060

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: Peter Cunningham

b. No authority granted to: _____

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

a. Granted to: Peter Cunningham

b. No authority granted to: _____


Signature of authorized representative

Peter Cunningham
Typed or printed name of signature

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

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SECRETARY OF STATE
TALLAHASSEE, FL