

121 000260511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

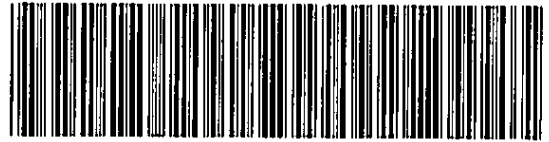
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700372478827

09/02/21--01018--003 **35.00

FILED

2021 SEP -2 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FL

Statement
of
Authority

SEP 10 2021

D CUSHING

BONNEY & ASSOCIATES, P.A.

A PROFESSIONAL ASSOCIATION
ATTORNEYS AND COUNSELORS AT LAW
gbonney@bandslaw.org

GARTH D. BONNEY, ESQ.

DOWNTOWN OFFICE
514 MAGNOLIA AVENUE
PANAMA CITY, FL 32401
MAILING P.O. BOX 737 (32402)
(850) 215-6840 OFFICE
(850) 215-6846 FAX

August 31, 2021

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

RE: Shark's Tooth Development Group, LLC

Dear Sir or Madam:

This firm has the pleasure of representing Edward Ammann, the authorized members of the limited liability company listed above. On behalf of our client, we are submitting the enclosed Member Resignation, Statement of Authority, and Registered Agent Change forms for filing.

Also enclosed are checks which are attached to each respective form for the filing fees. If you have any questions, please do not hesitate to contact our office.

Sincerely,

BONNEY & ASSOCIATES, P.A.



Caroline Ouimet
Paralegal to Garth D. Bonney, Esq.

Enclosures

FILED
2021 SEP - 2 AM 8:55
SECRETARY OF STATE
TALLAHASSEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHARK'S TOOTH DEVELOPMENT GROUP, 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:

Garth D. Bonney, Esq.

Name of Person

BONNEY & ASSOCIATES, P.A.

Firm/Company

P.O. Box 737

Address

Panama City, Florida 32402

City/State and Zip Code

sharkstoothdevelopmentgroupllc@gmail.com

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

For further information concerning this matter, please call:

Garth D. Bonney, Esq.

850

215-6840

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

FILED

2021 SEP -2 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FL

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: SHARK'S TOOTH DEVELOPMENT GROUP, LLC

SECOND: The Florida Document Number of the limited liability company is: L21000260511

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

6504 Bridge Water Way, Unit #1102

Panama City Beach, Florida 32407

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

6504 Bridge Water Way, Unit #1102

Panama City Beach, Florida 32407

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: EDWARD AMMANN

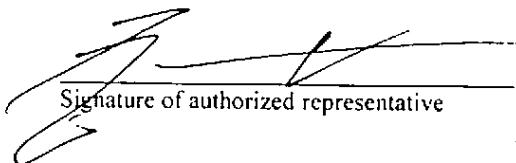
b. No authority granted to: any other member or manager

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

a. Granted to: EDWARD AMMANN

b. No authority granted to: any other member or manager

FILED
2021 SEP -2 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FL


Signature of authorized representative

EDWARD AMMANN

Typed or printed name of signature

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