L21000504420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2025 MAY -6 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALBINION, L.LC.
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Stanislav Khovanskii
(Contact Person)

ALBINION, L.LC.
(Firm/Company)

16153 SW 73rd Pl
(Address)

Palmetto Bay, FL 33157
(City/State and Zip Code)

For further information concerning this matter, please call:

Palmetto Bay, FL 33157 at (786) 566-27-63
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
■ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

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

CR2E079 (2/14)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ALBINION, L.LC.

2. The Florida document/registration number assigned to this limited liability company is: L21000504420

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/03/2025

4. I, Albina Abzaltdinova, hereby withdraw/resign as a
(Print Name of Person Resigning)

MEMBER
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: $25.00 (Required)
Certified Copy: $30.00 (Optional)

FILED
2025 MAY -6 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E079 (2/14)

L25000066550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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RL.

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2025 FEB 10 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2025

MICHAEL SCOTT
10181 SIX MILE CYPRESS PKWY
STE C
FORT MYERS, FL 33966

SUBJECT: 5420 KENTUCKY STREET, LLC
Ref. Number: L25000006550

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

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

You may email the corrected documents or any questions you may have to: Vonterica.Williams@DOS.FL.GOV. PDF Format only.

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.

Vonterica S Williams
REGULATORY SPECIALIST II

Letter Number: 025A00005696

RECEIVED

JUN 30 2025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5420 Kentucky Street, 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:

Michael Scott
Name of Person

Dorcey Law Firm
Firm/Company

10181 Six Mile Cypress Pkwy, Suite C
Address

Fort Myers, FL 33966
City/State and Zip Code

support@dllregisteredagent.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Scott at (239) 418-0169
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:

NAME OF LLC: 5420 KENTUCKY STREET, LLC

DOCUMENT NUMBER: L25000006550

PRINCIPAL ADDRESS: 13451 Sabal Pointe Drive Fort Myers FL 33905

MAILING ADDRESS: 13451 Sabal Pointe Drive Fort Myers FL 33905

MANAGER: Howard A. Haynes

FILED
2025 FEB 10 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Below is the authority given to Howard A. Haynes, Manager of the above-named LLC. If this person has unlimited authorization, the option "All Authorization to act on behalf of the LLC, including but not limited to the Options Listed Below (Unlimited Authority)" will be selected and will apply to Him/Her.

☒ All Authorization to act on behalf of the LLC, including but not limited to the Options Listed Below (Unlimited Authority).

☐ He/She has Authority to Execute an Instrument Conveying (Sale/Lease) Real Property Owned by the LLC.

☐ He/She has Authority to Purchase Property in the Name of the LLC.

☐ He/She has authority to Enter into Contract(s) for the Maintenance/ Improvement of Real Property.

☐ He/She has authority to Open Bank Account(s) in Name of the LLC.

☐ He/She has authority to Close Bank Account(s) Owned by the LLC.

☐ He/She has authority to Use, Execute, Negotiate, and/or Assign LLC Debit/Credit Cards and/or other instruments of payment on behalf of the LLC.

☐ He/She has authority to Enter into Contract(s) for the Sale of the LLC's Personal Property (E.g., Vehicles/Equipment).

☐ He/She has authority to Enter into Contract(s) for the Purchase of Personal Property (E.g., Vehicles/Equipment).

☐ He/She has authority to Enter into Contract(s) for the Purchase of Supplies.

☐ He/She has authority to Enter into Contract(s) for the Purchase of Material(s).

☐ He/She has authority to Enter into Contract(s) for the Purchase of Merchandise.

☐ He/She has authority to Enter into Contract(s) for the Purchase of Services.

☐ He/She has authority to Enter into Contract(s) for the Sale of the LLC's Supplies.

☐ He/She has authority to Enter into Contract(s) for the Sale of the LLC's Material(s).

☐ He/She has authority to Enter into Contract(s) for the Sale of the LLC's Merchandise.

☐ He/She has authority to Enter into Contract(s) for the Sale of the LLC's Services.

☐ He/She has authority to Enter into and maintain Contract(s) for Insurance Services on behalf of the LLC.

☐ He/She has authority to File Annual Reports with State of Florida.

☐ He/She has authority to Amend Annual Reports with State of Florida.

☐ He/She has authority to File Statement of Authority(s) with State of Florida.

☐ He/She has authority to Amend/Cancel/Renew Statement of Authority(s) in State of Florida.

☐ He/She has authority to Amend Articles of Organization.

If more space was needed, a separate sheet(s) of paper will be attached to the back of this form.

MANAGER:

Mary J. Haynes, Manager

Date: 2/12/25