

2/20/23, 11:51 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.
Account Number : 075410002172
Phone : (239)344-1100
Fax Number : (239)344-1529

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SL LAKESHORE HOMES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

2nd Attempt - Please honor original filing date of January 30, 2023 - see attached confirmation of filing

Electronic Filing Menu

Corporate Filing Menu

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STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

1: The name of the limited liability company (the "Company") is: SL Lakeshore Homes, LLC.

2: The Florida Document Number of the Company is L21000514718.

3: The street and mailing address of the Company's principal office is:

135 SECOND AVENUE NORTH
JACKSONVILLE BEACH, FL 32250

4: This statement of authority grants and sets limitations of authority on all persons having the status or position of a person in the Company, whether as a member, transferee, manager, officer, or otherwise or to a specific person with regard to the execution of an instrument transferring or otherwise encumbering real property (or any interest therein) held in the name of the Company to the following:

A. Granted to: Michael McCann, as Manager of the Company, provided he has approved such transfer, encumbrance, or transaction in writing, or to such other person as such Manager may appoint in writing.

B. No authority granted to: Any person, including Fred Taylor or Michael Pacilio, as an Authorized Representative of the Company without the prior written approval of all Managers.

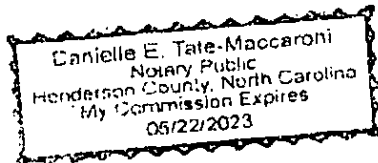
Michael T. McCann

Michael T. McCann, Manager

STATE OF North Carolina
COUNTY OF Henderson

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 30th day of November, 2022, by Michael T. McCann. He is personally known to me or has produced _____ as identification.

[Notary Seal]



[Signature]
Notary Public

Printed Name: Danielle E Tate-Maccaroni

My Commission Expires: 5-22-23

2023 FEB 14 AM 11:02

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