## 122000125329

(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:					
Q. SILAS					
1 2022					

Office Use Only



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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 > 1-800-342-8062 • Fax (850) 222-1222

202 WINWARD, L	LC		
	<del>-</del>		
		_	
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature	<del></del> _		Fictitious Owner Search
			Vehicle Search
	- <del></del>	· <b>-</b>	Driving Record
Requested by: SETH	05/31		UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
			UCC 11 Retrieval
Walk-In	Will Pick	Up	Courier

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited lial authority:	pility company submits the following statement of
FIRST: The name of the limited liability company is: 202 WIN	DWARD, ILC MITMAY 31 AM 10:47
SECOND: The Florida Document Number of the limited liability	SECRETARY OF STATE
THIRD: The street address of the limited liability company's pr 520 GULF BLVD.	rincipal office is:
BELLEAIR SHORES, FL 33786	
The mailing address of the limited liability company's 502 GULF BLVD.	s principal office is:
BELLEAIR SHORES, FL 33786	
	u 4
May execute an instrument transferring real proper     a. Granted to: Anna Maria Callas, Chris Call	• •
	•
b. No authority granted to:	
2. May enter into other transactions on behalf of, or c a. Granted to: Anna Maria Callas, Chris Ca	illas, Maria Callas
b. No authority granted to:	
ana Marie Calla	ANNA MARIA CALLAS
Signature of authorized representative  Filing Fee: \$  Certified Copy: \$	Typed or printed name of signature 25.00 30.00 (optional)

CR2E138 (2/14)