

# L23000037235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

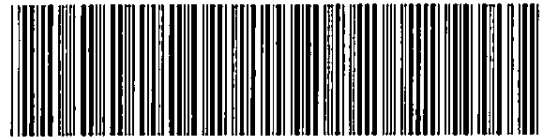
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300402198313

02/15/23--01010--004 \*\*30.00

FILED  
2023 FEB 15 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. RIVERS

APR 29 2023

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1120 7TH AVE E. 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 T. Hankin, Esq.

\_\_\_\_\_  
Name of Person

Hankin & Hankin

\_\_\_\_\_  
Firm/Company

100 Wallace Avenue, Suite 100

\_\_\_\_\_  
Address

Sarasota, Florida 34237

\_\_\_\_\_  
City/State and Zip Code

mhankin@sarasotalawfirm.com

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

For further information concerning this matter, please call:

Michael T. Hankin, Esq.

941  
\_\_\_\_\_  
at ( )

957-0080

\_\_\_\_\_  
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: 1120 7TH AVE E. LLC

SECOND: The Florida Document Number of the limited liability company is: L23000037235

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

100 Wallace Avenue

Suite 100

Sarasota, Florida 34237

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

100 Wallace Avenue

Suite 100

Sarasota, Florida 34237

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.

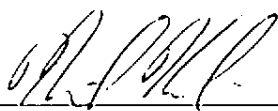
a. Granted to: KNOWLES, BOUZIANE & SHAFFER PLLC,  
a Florida limited liability company, as Authorized Agent

b. No authority granted to: Any other person or entity

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

a. Granted to: KNOWLES, BOUZIANE & SHAFFER PLLC, or any  
manager of the Company.

b. No authority granted to: any other person or entity

  
Signature of authorized representative

Michael T. Hankin, Esq.  
Typed or printed name of signature

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

2023 FEB 15 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED