L23000 180090

(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.				
J DERRIO				
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AFCRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: VENTURE HOUSINGS LIC
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:
William A. Dooky Name of Person
Name of Person
Willam A. Dooley P.A Firm/Company
Firm/Company /
2042 Bec R. dge Rs
Address
SAUSOTA FL 34239 City/State and Zip Code
City/State and Zip Code
Tregnel bea 13 @ Gmil, Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
William A Doiker at (941) 544 3950
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

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STATEMENT OF AUTHORITY

authority			nent of
FIRST:	The name of the limited liability company is: VenTure Housings, LLC	? =	
SECON	D: The Florida Document Number of the limited liability company is: <u>L 23000 18</u>	<u>'00 (</u>	70_
	The street address of the limited liability company's principal office is:		
	SARASOTA FLORIDA 34243		
	The mailing address of the limited liability company's principal office is:		
FOURT	H: This statement of authority grants or sets limitations of authority on all persons having the	e status	s or
position (of a person in a company, whether as a member, transferee, manager, officer or otherwise or to the following:	o a spe	ecific
	May execute an instrument transferring real property held in the name of the company. Granted to:		
	b. No authority granted to: LeoNNE BRANChedoL	2023 JUN 2	FLEETAL SECTION
í	2. May enter into other transactions on behalf of, or otherwise act for or bind, the company. a. Granted to: Leo NNE BRANCLEdo R	9	RY OF STATE CORPORATION
	b. No authority granted to:	_	ž
Krz/ Signature	of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	. ႓౿ q nature	10 R

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