

L23000195722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIK IND, 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:

KIMBERLY SAPP

Name of Person

KIMBERLY L. SAPP PA

Firm/Company

12 S MAIN AVE

Address

LAKE PLACID, FL 33852

City/State and Zip Code

PBIKKASANI10@GMAIL.COM

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

For further information concerning this matter, please call:

KIMBERLY SAPP

863 465-7278
at ()

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: BIK IND, LLC

SECOND: The Florida Document Number of the limited liability company is: L23000195722

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

16408 AVILA BLVD

TAMPA, FL 33613

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

16408 AVILA BLVD

TAMPA, FL 33613

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: PURNACHANDER BIKKASANI

b. No authority granted to: _____

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

a. Granted to: PURNACHANDER BIKKASANI

b. No authority granted to: _____



Signature of authorized representative

PURNACHANDER BIKKASANI

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA