# L23000230104





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### COVER LETTER

Division of Corporations	
Shore Acres Holdings, LLC SUBJECT:	
	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 th	is matter to the following:
John N. Beck, Esq., LL.M., MBA	
Name of Person	
Colen & Wagoner, P.A.	
Firm/Company	<del></del>
1756 N. Belcher Road	
Address	<del></del>
Clearwater, FL 33765	
City/State and Zip Code	
john@colenwagoner.com	
E-mail address: (to be used for future	annual report notification)
For further information concerning this matter.	, please call:
John Beck	727 545-8114 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

CR2E138 (2/14)

### STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liab authority:	ility company submits the following statement of
FIRST: The name of the limited liability company is: Shore Aer	es Holdings, LLC
SECOND: The Florida Document Number of the limited liability	y company is:
THIRD: The street address of the limited liability company's pris	ncipal office is:
The mailing address of the limited liability company's 845 Bay Point Drive, Madeira Beach, FL 33708	principal office is:
FOURTH: This statement of authority grants or sets limitations of position of a person in a company, whether as a member, transfero person on the following:  1. May execute an instrument transferring real property  a. Granted to:  Bryan Michael Khan	ee, manager, officer or otherwise or to a specific value held in the name of the company.
b. No authority granted to:	
May enter into other transactions on behalf of, or ot     a. Granted to:  Bryan Michael Khan	herwise act for or bind, the company.
b. No authority granted to:	
Ranjan 2 Khan	Ranjan Zacharia Khan, Manager
Signature of authorized representative Filing Fee: \$2 Certified Copy: \$3	Typed or printed name of signature 5.00 0.00 (optional)

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