123000383028

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
Ų .	urcoo,	
(Cit)	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nan	ne)
(3	zinicoo zinin, i tan	,
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Eiling Officer:	
opecial instructions to t	illing Officer.	
	-	





400416751624

10/04/23--01026--008 **50.00

2023 OCT -4 AM 8: 51

COVER LETTER

Desire Continue			D. C. Audress.		
	Mailing Address:		Street Address:		
	Name of Person	Area Code	Daytime Telephone Number		
Luca Di		at (418-0169 Daytime Telephone Number		
	er information concerning this matter, p	please call:			
	E-mail address: (to be used for future a	unnual report notificatio	n)		
	(I) dlfregisteredagent.com				
	City/State and Zip Code				
гоп мус	ers, Fl. 33966		-		
C 14					
.0101 3	Address		-		
101815	ix Mile Cypress Pkwy, Suite C				
	Firm/Company		-		
Dorcey I	Law Firm				
	Name of Person		-		
Luca Di	Nunzio				
icast it	turn air correspondence concerning this	matter to the following	ś.		
	turn all correspondence concerning this	·			
	osed Statement of Authority and fee(s)	are submitted for filing			
Dear Sir	or Madam:				
SUBJEC		f Limited Liability Con	прапу		
	401 Robert Ave LLC				
	Division of Corporations				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:

NAMI	E OF LLC: 401 ROBERT AVE LLC	Įσ.	202	
DOCU	JMENT NUMBER: L23000383028	LLAH	2023 OCT -4	-11
PRIN	CIPAL ADDRESS: 13100 Ponderosa Way, Fort Myers, FL 33907	. اتا		FILED
MANAGER: Saniav Patel				
MANA	AGER: Sanjay Patel	FLORIDA	5	
has un	is the authority given to Sanjay Patel, Manager of the above-named LL limited authorization, the option "All Authorization to act on behalf of the limited to the Options Listed Below (Unlimited Authority)" will be selected. Her.	e LLC,	includ	ling
⊠ Listed	All Authorization to act on behalf of the LLC, including but not limited Below (Unlimited Authority).	ed to th	e Opti	ons
□ Owned	He/She has Authority to Execute an Instrument Conveying (Sale/Leas by the LLC.	e) Real	l Prop	erty
	He/She has Authority to Purchase Property in the Name of the LLC.			
	He/She has authority to Enter into Contract(s) for the Maintenance/ lmp	roveme	nt of R	leal
Proper	ty.			
	He/She has authority to Open Bank Account(s) in Name of the LLC.			
	He/She has authority to Close Bank Account(s) Owned by the LLC.			
	He/She has authority to Use, Execute, Negotiate, and/or Assign LLC D	ebit/Cre	edit Ca	ards
and/or	other instruments of payment on behalf of the LLC.			
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's I	Persona	l Prope	erty
_	Vehicles/Equipment).			
	He/She has authority to Enter into Contract(s) for the Purchase of Person	al Prop	erty (E	.g.,
	es/Equipment).			
	He/She has authority to Enter into Contract(s) for the Purchase of Suppli			
	He/She has authority to Enter into Contract(s) for the Purchase of Materi			
	He/She has authority to Enter into Contract(s) for the Purchase of Merch			
	He/She has authority to Enter into Contract(s) for the Purchase of Servic			
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's	• •		
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's I	Materia	l(s).	

He/She has authority to Enter into Contract(s) for the Sale of the LLC's Merchandise.

	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Services.
	He/She has authority to Enter into and maintain Contract(s) for Insurance Services on
behalf	f of the LLC.
	He/She has authority to File Annual Reports with State of Florida.
	He/She has authority to Amend Annual Reports with State of Florida.
	He/She has authority to File Statement of Authority(s) with State of Florida.
	He/She has authority to Amend/Cancel/Renew Statement of Authority(s) in State of
Florid	a.
	He/She has authority to Amend Articles of Organization.
	re space was needed, a separate sheet(s) of paper will be attached to the back of this form. AGER:
Daxab	Date: 9/20/2023 Den S. Patel, Manager

FILED
2023 OCT -4 AM 8: 51