

L 23000388330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

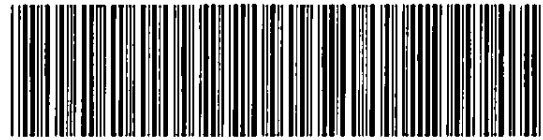
(Document Number)

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SEC. OF STATE  
TALLAHASSEE, FL 32399

FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Webcam Unlimited 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:

Brandon Gianverchio  
Name of Person

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

1730 S Federal Hwy, #197  
Address

Deer Beach FL, 33483  
City/State and Zip Code

webcamunlimited.info@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandon Gianverchio at ( 561 ) 709-0279  
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: Webcam Unlimited LLC

SECOND: The Florida Document Number of the limited liability company is: 423000388330

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

3970 Park St. North  
Saint Petersburg, FL 33709

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

3970 Park St. North  
Saint Petersburg, FL 33709

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.

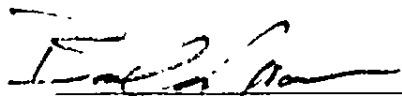
a. Granted to: Brandon Gianvecchio

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: Brandon Gianvecchio

b. No authority granted to: \_\_\_\_\_



Signature of authorized representative

Brandon Gianvecchio

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

RECEIVED  
TALLAHASSEE  
STATE  
JUL 11 2024

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