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COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|---------|---|-----------------------------|---|
| en d | Skyline 2722, LLC | | |
| SUBJI | | of Limited Liability Con | npany |
| Dear S | ir or Madam: | | |
| The en | closed Statement of Authority and fee(s | s) are submitted for filing | , |
| Please | return all correspondence concerning th | nis matter to the following | g: |
| Micha | el Scott | | |
| | Name of Person | | _ |
| Dorce | y Law Firm | | |
| | Firm/Company | | - |
| 10181 | Six Mile Cypress Pkwy, Suite C | | |
| | Address | | - |
| Fort M | lyers, FL 33966 | | |
| | City/State and Zip Code | | = |
| suppor | rt@dlfregisteredagent.com | | |
| | E-mail address: (to be used for future | annual report notification | on) |
| For fur | rther information concerning this matter | , please call: | |
| Micha | nel Scott | 239 at (| 418-0169 |
| | Name of Person | Area Code | Daytime Telephone Number |
| | Mailing Address: | | Street Address: |
| | Registration Section | | Registration Section |
| | Division of Corporations | | Division of Corporations |
| | | | |
| | P.O. Box 6327 Tallahassee, FL 32314 | | The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 |

Tallahassee, FL 32303

STATEMENT OF AUTHORITY

| | nt to section 605.0302(1), Florida Statutes, this limited liability company submits the ing statement of authority: | | | |
|--|---|--|--|--|
| | ing statement of authority: | | | |
| DOCU | | | | |
| PRINCIPAL ADDRESS: 5553 Shaddelee Lane W, Fort Myers, FL 33919 | | | | |
| MAIL | ING ADDRESS: 5553 Shaddelee Lane W, Fort Myers, FL 33919 | | | |
| MANA | AGER: Anthony L. Sarlo | | | |
| has unl | is the authority given to Anthony L. Sarlo, Manager of the above-named LLC. If this person limited authorization, the option "All Authorization to act on behalf of the LLC, including limited to the Options Listed Below (Unlimited Authority)" will be selected and will apply /Her. | | | |
| ⊠ Listad | All Authorization to act on behalf of the LLC, including but not limited to the Options Below (Unlimited Authority). | | | |
| | He/She has Authority to Execute an Instrument Conveying (Sale/Lease) Real Property by the LLC. | | | |
| | 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/ Improvement of Real | | | |
| Proper | ıy. | | | |
| | 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. | | | |
| □ and/or | He/She has authority to Use, Execute, Negotiate, and/or Assign LLC Debit/Credit Cards 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 Personal Property | | | |
| | Vehicles/Equipment). | | | |
| | He/She has authority to Enter into Contract(s) for the Purchase of Personal Property (E.g., | | | |
| | es/Equipment). | | | |
| | He/She has authority to Enter into Contract(s) for the Purchase of Supplies. | | | |
| | He/She has authority to Enter into Contract(s) for the Purchase of Material(s). | | | |
| | He/She has authority to Enter into Contract(s) for the Purchase of Merchandise. | | | |
| | He/She has authority to Enter into Contract(s) for the Purchase of Services. | | | |
| | He/She has authority to Enter into Contract(s) for the Sale of the LLC's Supplies. | | | |
| | He/She has authority to Enter into Contract(s) for the Sale of the LLC's Material(s). | | | |
| | He/She has authority to Enter into Contract(s) for the Sale of the LLC's Merchandise. | | | |

Page 1 of 2
Statement of Authority for Anthony L. Sarlo

| | 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 | | | |
| behali | 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 | la. | | | |
| | He/She has authority to Amend Articles of Organization. | | | |
| | | | | |
| If more space was needed, a separate sheet(s) of paper will be attached to the back of this form. | | | | |
| MAN | AGER: | | | |
| Docu | uSigned by: | | | |
| Floise R. Sarlo | | | | |
| 466 | 201EM/E8480 — — — — — — — — — — — — — — — — — — — | | | |
| Eloise | e R. Sarlo. Manager | | | |