

1090000062073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

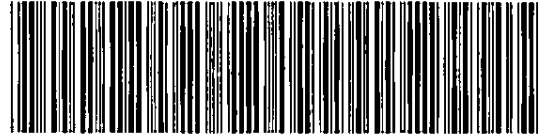
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**Pamela T. Karlson, B.C.S.**  
Board Certified Real Estate Lawyer



**Joy Bogaert, Attorney at Law**

May 23, 2018

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Danny P. Carrolls Family, LLC  
Doc. No. L09000062073  
File No. 57-18A

Dear Sir or Madam:

Enclosed please find a Statement of Authority to be filed for Danny P. Carrolls Family, LLC, Document No. L09000062073, along with our check in the amount of \$25.00 to cover the filing fee.

If you have any questions, or desire additional information, please do not hesitate to contact our office.

Sincerely,

David R. Mains, Paralegal

/drm

Enclosures as stated.

**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: Danny P Carrolls Family LLC

**SECOND:** The Florida Document Number of the limited liability company is: L09000062073

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

8131 Vineland Avenue

#248

Orlando, Florida 32821

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

8131 Vineland Avenue

#248

Orlando, Florida 32821

**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.

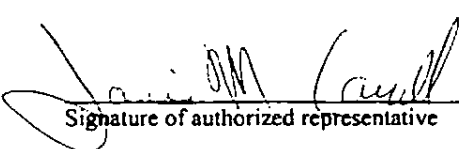
a. Granted to: Daniel P Carroll

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: Daniel P Carroll

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

  
Signature of authorized representative

Janie M Carroll

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

**STEVEN M. PLOTKIN**

**NOTARY PUBLIC**

**BALTIMORE COUNTY**

**MARYLAND**

**My Commission Expires 02-27-2021**