

L14000032342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 6 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:

David W. Wilcox

Name of Person

David W. Wilcox, Attorney

Firm/Company

308 13th St. W.

Address

Bradenton, FL 34205

City/State and Zip Code

dwilcox@wilcox-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David W. Wilcox

at (**941**) **746-2136**

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

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: 6 LLC

SECOND: The Florida Document Number of the limited liability company is: L14000032342

THIRD: The street address of the limited liability company's principal office is:
800 Morgan-Johnson Rd.
Bradenton, FL 34208

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

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the title or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or on any other person on the following:

1. May execute an instrument transferring real property held in the name of the company.

- a. Granted to: James K. Toomey
- 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: James K. Toomey
- b. No authority granted to: _____

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 TALLAHASSEE, FLORIDA

Lori Toomey
Signature of authorized representative

Lori Toomey
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)