## L21000269228

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



400381070704

02/10/22--01017--016 \*\*50.00

2072 FEB 10 ## 9: 46

## **COVER LETTER**

TO:	Registration Section Division of Corporations		*	
SUBJE	18th Hole in Seminole, LLC	,	and the second	
SUBJE		of Limited Liability Con	npany	
Dear Si	ir or Madam;			
The end	closed Statement of Authority and fee(s	) are submitted for filing	·	
Please	return all correspondence concerning th	is matter to the following	g:	
Luca D	Di Nunzio			
	Name of Person	-	-	
Dorcey	y Law Firm			
	Firm/Company		-	
10181	Six Mile Mile Cypress Pkwy, Suite C			
·	Address	-	-	
Fort M	yers, FL 33966			
	City/State and Zip Code	•	-	
suppor	t@dlfregisteredagent.com			
	E-mail address: (to be used for future	annual report notification	on)	
For fur	ther information concerning this matter,	, please call:		
Luca D	Di Nunzio	239 at (	308-1073	
	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			The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E138 (2/14)

Tallahassee, FL 32314

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

NAME OF LLC: 18TH HOLE IN SEMINOLE, LLC

FLORIDA LLC DOCUMENT NUMBER: L21000269228

PRINCIPAL OFFICE ADDRESS: 18970 Crooked Lane, Lutz, FL 33603

MAILING ADDRESS (if different): 18970 Crooked Lane, Lutz, FL 33603

MANAGER: Larry J. Calhoun

Below is the authority given to Larry J. Calhoun, Manager of the above-named LLC. If this person has unlimited authorization, the option "All Authorization to act on behalf of the LLC, including but not limited to the Options Listed Below (Unlimited Authority)" will be selected and will apply to Him/Her.

XÍ	All Authorization to act on behalf of the LLC, including but not limited to the Options
Listed	Below (Unlimited Authority).
	He/She has Authority to Execute an Instrument Conveying (Sale/Lease) Real Property
Owned	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	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 Debit/Credit Cards
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 Personal
Proper	ty (Ex: Vehicles/Equipment).
	He/She has authority to Enter into Contract(s) for the Purchase of Personal Property (Ex:
Vehicl	les/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.					
	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					
beha	lf 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					
Flori	ida.					
	He/She has authority to Amend Articles of Organization.					
	ore space was needed, a separate sheet(s) of paper will be attached to the	back of this form.				
191	H HOLE IN SEMINOLE, LLC;					
	Larry Calhoun  t Name:	2022 FEB 10				
Title	e: Manager	99 to 18	٠			