

U13000150352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 03 2016
BRUCH

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **PRIMA LUCE HOLDINGS 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:

Jennifer L. Fisher, Esq.

Name of Person

Strayhorn & Persons, P.L.

Firm/Company

2125 First Street, Suite 201

Address

Fort Myers, FL 33901

City/State and Zip Code

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

For further information concerning this matter, please call:

Jennifer Fisher

Name of Person

239 at (_____) **334-1260**

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

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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: PRIMA LUCE HOLDINGS LLC

SECOND: The Florida Document Number of the limited liability company is: L15000150352

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

2400 First Street, Suite 214

Fort Myers, FL 33901

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

2400 First Street, Suite 214

Fort Myers, FL 33901

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.

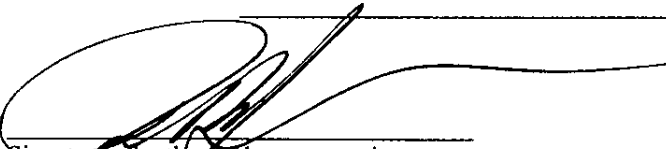
a. Granted to: Rebekah MacFarlane Barney

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: Rebekah MacFarlane Barney, including loan transactions

b. No authority granted to: _____


Signature of authorized representative

Robert MacFarlane

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

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TALLAHASSEE, FLORIDA

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