

U15000131105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

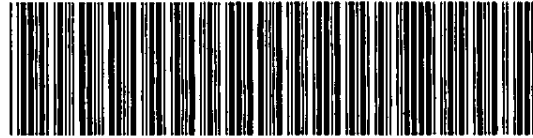
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 03 2016  
BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PRIMA LUCE MANAGEMENT, 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

at (

239

Area Code

334-1260

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 MANAGEMENT, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L15000131108

**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.

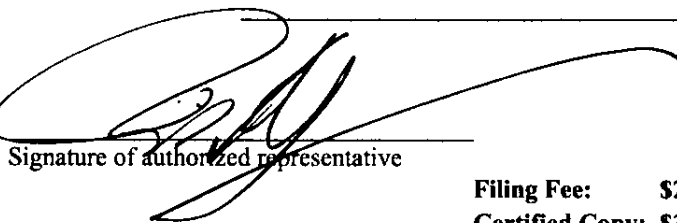
a. Granted to: Rebekah MacFarlane Barney

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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