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Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : JECK, HARRIS, RAYNOR & JONES, P.A.
Account Number : I20000000210
Phone : (561)746-1002
Fax Number : (561)775-0270

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: janet@protocols.com

2022 AUG 18 AM 11:18

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
11765 SE FLORIDA AVENUE, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 01 |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: 11765 SE FLORIDA AVENUE, LLC

SECOND: The Florida Document Number of the limited liability company is: L06000048134

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

8985 SE Bridge Road, HOBE SOUND, FL 33455

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

8985 SE Bridge Road, HOBE SOUND, FL 33455

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: Janet Preman to execute all documents necessary or required
to facilitate such transfer of real property.

b. No authority granted to: N/A

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company

a. Granted to: N/A

b. No authority granted to: N/A

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TALLAHASSEE, FLORIDA

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Signature of authorized representative

JIMCO MGT., LLC, a Florida limited liability, Manager of
11765 SE FLORIDA AVENUE, LLC

Charles R. Modica, Manager

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)