

Division of Corporations

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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 : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.  
Account Number : 076077001702  
Phone : (407) 841-1200  
Fax Number : (407) 423-1831

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LHD, LLC

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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: LHD, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L00000013940

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

25485 US Hwy 19 N

Clearwater, FL 33763

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

25485 US Hwy 19 N

Clearwater, FL 33763

**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: \_\_\_\_\_

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: Elizabeth L. Dimmitt

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

Lawrence H. Dimmitt, III, Trustee  
Typed or printed name of signature

Filing Fee: \$25.00  
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