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WIDEIKIS, BENEDICT & BERNTSSON, LLC

THE BIG W LAW FIRM

ATTORNEYS AT LAW

JOHN L. WIDEIKIS
ROBERT C. BENEDICT
ROBERT H. BERNTSSON

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NORTH PORT, FLORIDA 34287
PHONE: (941) 627-1000

333 PARK AVENUE, UNIT 2A
P.O. BOX 483
BOCA GRANDE, FLORIDA 33921
PHONE: (941) 627-1000

May 15, 2017

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: SOUTHWEST PROPERTIES, LLC

To Whom it May Concern:

Enclosed please find our trust account check number 3634 in the amount of \$25.00 made payable to you in order to file the Statement of Authority for the above referenced company.

Please let me know if I can be of further assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Alison Marsicovetere".

Alison Marsicovetere
Real Estate Closer

Enclosures
2017-5636JLW

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SOUTHWEST PROPERTIES, LLC**
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and filing fee of \$25.00 is submitted for filing.
Please return all correspondence concerning this matter to the following:

TERRY K. SMITH & CRYSTAL L. SMITH
Name of Manager

SOUTHWEST PROPERTIES, L.L.C.
Name of Company

9840 Gasparilla Pass Blvd.,
Address of Company

BOCA GRANDE, FL 33921
City/State and Zip Code

tkswprop@comcast.net
E-Mail Address of Manager

For further information concerning this matter, please call:

Alison Marsicovetere at (941) 627-1000

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

This Instrument Prepared by & Return to:
WIDEIKIS, BENEDICT & BERNTSSON, LLC
THE BIG W LAW FIRM
John L. Wideikis, Esq.
3195 S. Access Rd.
Englewood, FL 34224

STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 11th day of May, 2017, and same shall be effective for a period of five (5) years from the date of this Statement unless sooner terminated as so permitted by law:

FIRST: The name of the limited liability company is: **SOUTHWEST PROPERTIES, L.L.C.**

SECOND: The Florida Document Number of the limited liability company is: **L01000016610**

THIRD: The street address of the limited liability company's principal office is: **9840 Gasparilla Pass Blvd., Boca Grande, FL 33921**

The mailing address of the limited liability company's principal office is: **PO BOX 2210, Boca Grande, FL 33921**

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 matters enumerated below:

1. May execute instruments transferring real and personal property held in the name of the company, including by way of example and not by way of limitation, Warranty Deeds, Closing Statements, Bills of Sale, Closing Affidavits and Certificates, and Closing Statement Addendums.

- a. Granted to: **TERRY K. SMITH**, as Manager; or
- b. Granted to: **CRYSTAL L. SMITH**, as Manager.

2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company in all matters, including by way of example and not by way of limitation, the pledge of company property by mortgage, security agreement or

otherwise; the borrowing of money on behalf of the company through execution of promissory notes or otherwise; the execution of guaranties on behalf of the company; and the execution of any other loan documents on behalf of the company.

- a. Granted to: TERRY K. SMITH, as Manager; or
b. Granted to: CRYSTAL L. SMITH, as Manager.

The undersigned does hereby certify the accuracy of the statements set forth herein.

Terry K. Smith
Signature of authorized representative

TERRY K. SMITH, Member & Manager
Printed name and position title

Crystal L. Smith
Signature of authorized representative

CRYSTAL L. SMITH, Member & Manager
Printed name and position title

The foregoing instrument was sworn to and acknowledged before me this 11th day of May, 2017, by **TERRY K. SMITH and CRYSTAL L. SMITH**, who are personally known to me, or who have provided drivers lic, to establish his or her identity to me.

Joan E. Whittaker
Print Name: JOAN E WHITTAKER
Notary Public
My commission expires:

17 MAY 17 4:04 PM '17
CLARK COUNTY, FLORIDA
NOTARY PUBLIC

