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(Re	questor's Name)		
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PICK-UP	WAIT	MAIL	
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Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		
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Statement Amerity

## COVER LETTER

	egistration Section ivision of Corporations		
CHB IE77I	Walker Investment Properti	es, LLC	
SUBJECT		Limited Liability Comp	pany
Dear Sir o	Madam:		
The enclos	ed Statement of Authority and fee(s) ar	e submitted for filing.	
Please retu	rn all correspondence concerning this n	natter to the following:	
	Name of Person		
Sage Ti	tle & Escrow		
	Firm/Company		
4241 No	orthlake Blvd.		
	Address		
Palm Be	each Gardens, FL 33410		
	City/State and Zip Code		
rich@wi	prental.com		j
E	-mail address: (to be used for future and	nual report notification	)
For further	information concerning this matter, ple	rase call:	
Pamela	Van Woerkom	561	721-9686
	Name of Person	at () Area Code	Daytime Telephone Number
Ro D	FREET/COURIER ADDRESS: egistration Section ivision of Corporations lifton Building	Registratio	G ADDRESS: on Section of Corporations 6327
26	61 Executive Center Circle dlahassee, Florida 32301	Tallahasse	ee, Florida 32314

## STATEMENT OF AUTHORITY

authority:	02(1). Florida Statutes, this limited liability company submits the follow limited liability company is: Walker Investment Properties, L	·		
SECOND: The Florida Do	ocument Number of the limited liability company is:	)8		
THIRD: The street address 2132 Ames bt	ss of the limited liability company's principal office is:  ury Court			
Wellington, F	L 33414	_		
The mailing add	tress of the limited liability company's principal office is:  ury Court	-		
Wellington, F		-		
position of a person in a coperson on the following:  1. May execute:	t of authority grants or sets limitations of authority on all persons havin impany, whether as a member, transferee, manager, officer or otherwise an instrument transferring real property held in the name of the comparated to:    Richard A. Walker	or to a specif		
b. No a	uthority granted to:	÷ · •	19 FEB 1	<u> </u>
	to other transactions on behalf of, or otherwise act for or bind, the completed to : Richard A. Walker	pany.	PM 6: 1:	
b. No a	uthority granted to:			
	Richard A. Walker			
Signature of authorized rep	resortative Typed or printed name of Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)	n signature		