

L03000050314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

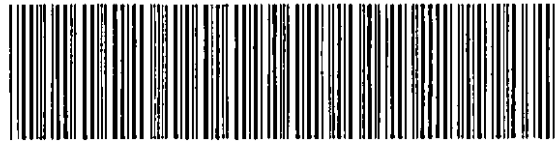
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2020 MAY -7 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
700344084127
05.07.20--01015--013 **25.00

RECEIVED
2020 MAY -7 PM 2:12
TALLAHASSEE, FLORIDA

MAY 08 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CALLAHAN DEVELOPMENT GROUP LLC

Signature _____

Requested by: BA

05/07/20

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
✓ ____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
✓ ____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Callahan Development Group 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:

Timothy P Kelly

Name of Person

Timothy P Kelly PA

Firm/Company

1016 LaSalle Street

Address

Jacksonville, FL 32207

City/State and Zip Code

abums@bbgcontracting.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Gaither

904

399-3705

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: CALLAHAN DEVELOPMENT GROUP LLC

SECOND: The Florida Document Number of the limited liability company is: L03000050314

THIRD: The street address of the limited liability company's principal office is:
10562 New Kings Road

Jacksonville, FL 32219

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

10562 New Kings Road

Jacksonville, FL 32219

2020 MAY -7 AM 9:29
SECRETARY OF STATE
CALLAHAN DEVELOPMENT GROUP LLC

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: Judson Bennett OR Andrew Burns

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: Judson Bennett OR Andrew Burns

b. No authority granted to: _____


Signature of authorized representative

Andrew Burns
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)