

L03000053571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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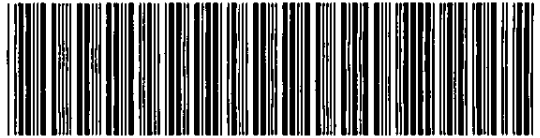
(Business Entity Name)

(Document Number)

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**CORPORATE
ACCESS,
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STATEMENT OF AUTHORITY

1. ETHERIDGE-LAKELAND, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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: Etheridge-Lakeland, LLC

SECOND: The Florida Document Number of the limited liability company is: 103000053571

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

147 S. Interlachen Drive #200

Winter Park, FL 32789

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

147 Interlachen Drive #200

Winter Park, FL 32789

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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: Lynne R. Etheridge f/k/a Lynne Sears

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: Lynne R. Etheridge, f/k/a Lynne Sears

b. No authority granted to: _____

Lynne R. Etheridge

Signature of authorized representative

Lynne R. Etheridge

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)