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## **COVER LETTER**

TO: Registration Section Division of Corporations

D & T Properties of Sarasota, LLC

SUBJECT: \_

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:

David M. Pomfret IV

Name of Person

Firm/Company

P O Box 4093

Address

Sarasota, FL 34212

City/State and Zip Code

tpomfret@faheypest.com

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

For further information concerning this matter, please call:

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

CR2E138 (2/14)

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority: D & T Properties of Sarasota, LLC

FIRST: The name of the limited liability company is:

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

THIRD: The street address of the limited liability company's principal office is: 2155 12th Street

Sarasota, FL 34237

The mailing address of the limited liability company's principal office is: P O Box 4093

Sarasota, FL 34230

**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. David M. Pomfret IV or Terry L. Pomfret or
  - a. Granted to:\_\_\_\_\_ Kyle C. Varona

b. No authority granted to:

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company. David M. Pomfret IV or Terry L. Pomfret or

a. Granted to : \_\_\_\_\_ Kyle C. Varona

b. No authority granted to:

David M. Pomfret IV

Signature of authorized representative

Typed or printed name of signature

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

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