## L040000 a9756

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	<u> </u>
(Cit	y/State/Zip/Phone	<del>=</del> #)
PICK-UP	☐ WAIT	. MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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OCT 3 0 2015 J. HARRIS



1611 Harden Blvd. Lakeland, FL 33803 863.687.1771 (tel) 863.687.1775 (fax) linda@polklawyer.com

October 27, 2015

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

Re:

Filing of Statement of Authority

Fred's Market Lakeland, LLC

Dear Representative:

Enclosed for processing please find a Statement of Authority together with our check for the \$25.00 filing fee.

Please contact us with any questions or concerns.

Sincerely Yours,

Reed, Mawhinney & Link, PLLC

Linda Marichal Legal Assistant

/lhm

## **COVER LETTER**

Division of Corporations	
FRED'S MARKET LAKELAND, 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:	•
WILLIAM LINK	
Name of Person	
REED MAWHINNEY & LINK, PLLC	
Firm/Company	
1611 HARDEN BLVD.	
Address	
LAKELAND, FLORIDA 33803	2015 OCT
City/State and Zip Code	1 tcurer
TAMMY@FREDSMARKET.COM	**************************************
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
WILLIAM LINK, ESQ. 863 687	7-1771

STREET/COURIER ADDRESS:

Name of Person

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Area Code

Daytime Telephone Number

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

TO:

Registration Section

## STATEMENT OF AUTHORITY

	1.0400002078		
SECOND: The	Florida Document Number of the limited liability company is: L0400002975		
	cet address of the limited liability company's principal office is: HARDEN BLVD.		
LAKE	_AND, FL 33803	_	
	ailing address of the limited liability company's principal office is:	_	
LAKE	_AND, FL 33803	<del>-</del> -	
	statement of authority grants or sets limitations of authority on all persons having		
position of a pers person on the foll	on in a company, whether as a member, transferce, manager, officer or otherwis owing:  vexecute an instrument transferring real property held in the name of the compa	e or to a specific	:
position of a pers person on the foll	on in a company, whether as a member, transferce, manager, officer or otherwis owing:  resecute an instrument transferring real property held in the name of the compa	e or to a specific	
position of a pers person on the foll	on in a company, whether as a member, transferee, manager, officer or otherwisowing:  vexecute an instrument transferring real property held in the name of the compa a. Granted to:  REPRESENTATIVE	e or to a specific  ny.  TALLAH)	
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position of a pers person on the foll 1. May	on in a company, whether as a member, transferce, manager, officer or otherwisowing:  vexecute an instrument transferring real property held in the name of the compa a. Granted to:  REPRESENTATIVE  b. No authority granted to:  y enter into other transactions on behalf of, or otherwise act for or bind, the company of the	e or to a specific ny.  SLUBE JARY OF STATE I LOBIDA  I pany DA  I	

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