

L05000030550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LARK PHOTO & FRAMING 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:

LUCY SCHULTZ, CO-MANAGER

Name of Person

LARK PHOTO & FRAMING LLC

Firm/Company

102 WEST REYNOLDS STREET, SUITE 101

Address

PLANT CITY, FLORIDA 33563

City/State and Zip Code

larkpff@outlook.com

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

For further information concerning this matter, please call:

Steven L. Sparkman

813

759-1444

at ()

Name of Person

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: LARK PHOTO & FRAMING LLC

SECOND: The Florida Document Number of the limited liability company is: L05000030550

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

102 WEST REYNOLDS STREET

SUITE 101

PLANT CITY, FLORIDA 33563

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

102 WEST REYNOLDS STREET

SUITE 101

PLANT CITY, FLORIDA 33563

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: _____

b. No authority granted to: _____

LYUDMILA A. "LUCY" SCHULTZ, AS CO-MANAGER

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: _____

LYUDMILA A. "LUCY" SCHULTZ, AS CO-MANAGER

b. No authority granted to: _____



Signature of authorized representative

MARK W. SCHULTZ

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CLERK OF STATE
TALLAHASSEE, FL

2021 SEP 13 PM 2:30

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