

UD5000453B

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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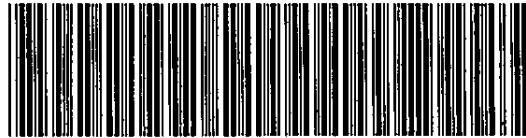
(Business Entity Name)

(Document Number)

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SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
16 MAR -9 PM 12:24

FILED  
2016 MAR -9 PM 4:22  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA

MAR 10 2016

S. YOUNG

**FERGESON SKIPPER**  
**SHAW KEYSER BARON & TIRABASSI**  
ATTORNEYS AT LAW

**MICHELLE LAJOIE HERMEY, ESQ.**  
mhermey@fsskbt.com  
Board Certified Real Estate Lawyer

March 8, 2016

**Via Federal Express**

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

Re: GreatFlorida Insurance of Osprey, LLC  
OFN: 14917/28403

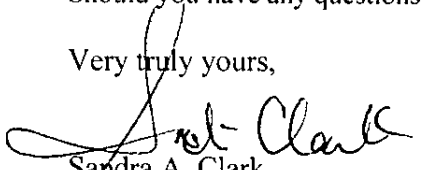
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TALLAHASSEE, FLORIDA  
16 MAR -9 PM 12:24

Dear Madam:

Enclosed for filing please find a Statement of Resignation of Registered Agent and Statement of Authority in connection with the above LLC. Also enclosed please find our check in the amount of \$110.00 to cover the cost of both filings.

Should you have any questions or require anything additional, please let me know.

Very truly yours,

  
Sandra A. Clark,  
Real Estate Paralegal  
[scClark@fergesonskipper.com](mailto:scClark@fergesonskipper.com)

sac  
enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GREAT FLORIDA INSURANCE OF OSPREY, LLC  
*Name of Limited Liability Company*

Dear Sir or Madam:

The enclosed Statement of Authority and filing fee of \$25.00 is submitted for filing.  
Please return all correspondence concerning this matter to the following:

SAMUEL SELF  
*Name of Manager*

GREAT FLORIDA INSURANCE OF OSPREY, LLC  
*Name of Company*

149 1/2 North Tamiami Trail  
*Address of Company*

Osprey, Florida 34229  
*City/State and Zip Code*

\_\_\_\_\_  
*E-Mail Address of Manager*

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TALLAHASSEE, FLORIDA  
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For further information concerning this matter, please call:

Regina Rumisek at (941) 627-1000

**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

This instrument prepared by & return to:  
John L. Widelkis  
Berntsson, Ittersagen, Gunderson & Widelkis, LLP  
THE BIG W LAW FIRM  
18401 Murdock Circle, Suite C  
Port Charlotte, FL 33948

## STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 2 day of March, 2016, and same shall be effective for a period of five (5) years from the date of this Statement unless sooner terminated as so permitted by law:

**FIRST:** The name of the limited liability company is:  
**GREAT FLORIDA INSURANCE OF OSPREY, LLC**

**SECOND:** The Florida Document Number of the limited liability company is:  
**L05000045395**

**THIRD:** The street address of the limited liability company's principal office is:  
**149 1/2 North Tamiami Trail  
Osprey, Florida 34229**

The mailing address of the limited liability company's principal office is:  
**149 1/2 North Tamiami Trail  
Osprey, Florida 34229**

**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 matters enumerated below:

1. May execute instruments transferring real and personal property held in the name of the company, including by way of example and not by way of limitation, Warranty Deeds, Closing Statements, Bills of Sale, Closing Affidavits and Certificates, and Closing Statement Addendums.

- a. Granted to: **SAMUEL SELF**, as Manager.
- b. No authority granted to:

2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company in all matters, including by way of example and not by way of limitation, the pledge of company property by mortgage, security agreement or

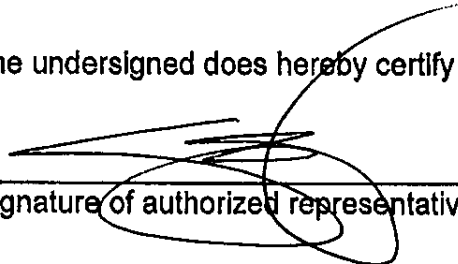
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otherwise; the borrowing of money on behalf of the company through execution of promissory notes or otherwise; the execution of guaranties on behalf of the company; and the execution of any other loan documents on behalf of the company.

- a. Granted to: **SAMUEL SELF**, as Manager.
- b. No authority granted to:

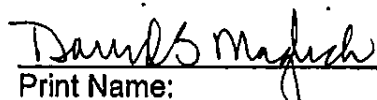
The undersigned does hereby certify the accuracy of the statements set forth herein.

  
Signature of authorized representative

**SAMUEL SELF**, as Member and Manager  
Printed name and position title

The foregoing instrument was sworn to and acknowledged before me this 2 day of March, 2016, by **SAMUEL SELF**, who is personally known to me, or who has provided \_\_\_\_\_, to establish his or her identity to me.



  
Print Name: \_\_\_\_\_

Notary Public

My commission expires: \_\_\_\_\_

[SEAL]

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