

LOS00009476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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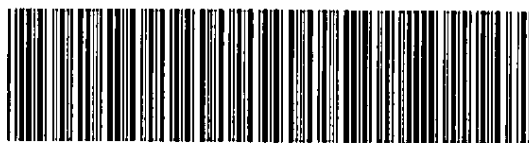
(Business Entity Name)

(Document Number)

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D. SCOTT

FEB 16 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THROCKMORTON AND BIG J, 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:

David M. MacMillan

Name of Person

Firm/Company

3405 Round Lake Road

Address

Zellwood, FL 32798

City/State and Zip Code

oneemonly@yahoo.com

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

For further information concerning this matter, please call:

David M. MacMillan

Name of Person

at (352 407)

Area Code

358-9697

Daytime Telephone Number

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

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TALLAHASSEE, FLORIDA

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: THROCKMORTON AND BIG J, LLC

SECOND: The Florida Document Number of the limited liability company is: L05000054076

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

3405 Round Lake Road

Zellwood, FL 32798

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

3405 Round Lake Road

Zellwood, FL 32798

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: David M. MacMillan

b. No authority granted to: n/a

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

a. Granted to: David M. MacMillan

b. No authority granted to: n/a

David M. MacMillan  
Signature of authorized representative

David M. MacMillan  
Typed or printed name of signature

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

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TALLAHASSEE, FLORIDA