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(Address)

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15 MAY -7 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Longleaf RE & Development, 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:

Catherine M. McClellan
Name of Person

Longleaf RE & Development
Firm/Company

3501 W Hwy 98
Address

Panama City FL 32401
City/State and Zip Code

~~XXXXXXXXXX~~ cathy.mcclellan@aol.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Catherine M. McClellan at (850) 630-7820
Name of Person Area Code 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

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: Longleaf Real Estate & Development, LLC

SECOND: The Florida Document Number of the limited liability company is: L05000061434

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

3501 W Hwy 98
Panama City, FL 32401

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

PO Box 8134
Seaside, FL 32409

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: Catherine M McClellan

b. No authority granted to: all other

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

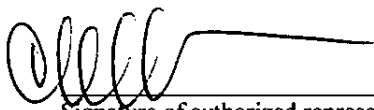
a. Granted to: Catherine M McClellan

b. No authority granted to: all other

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY - 7 AM 11:28

11:50



Signature of authorized representative

Catherine M McClellan

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)