

L05000091012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

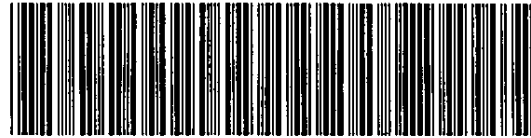
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FEB 20 2017

George P. Langford

Attorney at Law

TAMIAMI CENTER
3357 TAMIAMI TRAIL NORTH
NAPLES, FLORIDA 34103-4165

TELEPHONE: (239) 262-2011
FACSIMILE: (239) 262-0902
E-MAIL: LangfordLaw@embargo.com

February 16, 2017

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

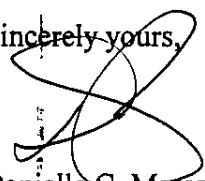
Re: Horseshoe Park Units 3 & 4, LLC

Ladies and Gentlemen:

Enclosed please find a Statement of Authority for filing with your corporate records. Also enclosed please find this firm's check in the amount of \$55.00 representing the filing fee and the fee for a certified copy. Please return a certified copy in the enclosed self addressed envelope.

Should you have any questions please do not hesitate to contact this office.

Sincerely yours,



Danielle C. Marczak
Legal Assistant to George P. Langford

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Horseshoe Park Units 3 & 4, 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:

Danielle C. Marczak

Name of Person

George P. Langford, Esquire

Firm/Company

3357 Tamiami Trail North

Address

Naples, FL 34103

City/State and Zip Code

lonniejmartin@gmail.com

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

For further information concerning this matter, please call:

Danielle C. Marczak

Name of Person

239

at (_____) _____

Area Code

262-2011

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: Horseshoe Park Units 3 & 4, LLC

SECOND: The Florida Document Number of the limited liability company is: L05000091012

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

1329 Ridge Street

Naples, FL 34103

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

1329 Ridge Street

Naples, FL 34103

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: Lonnie J. Martin

b. No authority granted to: _____

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

a. Granted to: Lonnie J. Martin

b. No authority granted to: _____



Signature of authorized representative

Lonnie J. Martin, Manager

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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201 FEB 17 P 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA