

LO6000 002976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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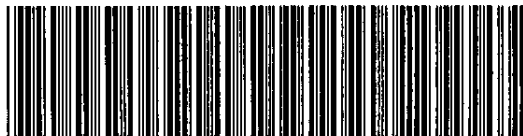
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 04 2015
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R. J. Anderson, 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:

Paul C. Jensen, Esq.

Name of Person

Paul C. Jensen Attorney At Law, LLC

Firm/Company

2001 16th Street North

Address

St. Petersburg, FL 33710

City/State and Zip Code

Sharon@jensentaxlaw.com

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

For further information concerning this matter, please call:

Paul C. Jensen

Name of Person

at (727)

Area Code

825-0099

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: _____

R. J. Anderson, LLC

SECOND: The Florida Document Number of the limited liability company is: L06000002936

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

4754 North Nevada Terrace

Beverly Hills, FL 34465

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

4754 North Nevada Terrace

Beverly Hills, FL 34465

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: Jo Ann Anderson

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: Jo Ann Anderson

b. No authority granted to: _____

Jo Ann Anderson
Signature of authorized representative

Jo Ann Anderson
Typed or printed name of signature

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

FILED
15 AUG - 3 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA