

L06000009924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600258827586

04/14/14--01016--021 **25.00

FILED
2014 APR 28 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 29 2013
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: One-Eyed Squirrel, 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:

Lynn B. Aust

Name of Person

Lynn B. Aust, PL

Firm/Company

1220 E. Livingston St.

Address

Orlando, FL 32803

City/State and Zip Code

doveattorney@austlaw.biz

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

For further information concerning this matter, please call:

Lynn Aust

Name of Person

at (407) 447-5399

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2014

LYNN B AUST
1220 E LIVINGSTON ST
ORLANDO, FL 32803

SUBJECT: ONE-EYED SQUIRREL, LLC
Ref. Number: L06000009924

We have received your document for ONE-EYED SQUIRREL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 814A00008096



ESTATE • PROBATE • BUSINESS
GUARDIANSHIP • MEDICAID

April 22, 2014

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Statement of Authority – One-Eyed Squirrel, LLC

Dear Madam/Sir:

I have enclosed a cover letter, signed Statement of Authority, and your rejection letter of April 15, 2014. Please re-file the enclosed Statement of Authority for One-Eyed Squirrel, LLC, and apply the filing fee that we sent earlier this month.

If you have any questions, please contact our office. Thank you so much for your assistance.

Kind regards,

A handwritten signature in black ink, appearing to read "Ed Shuman", with a long horizontal flourish extending to the right.

Ed Shuman
Paralegal to
Lynn B. Aust

LBA/es
Enclosure
Cc: client file

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: One-Eyed Squirrel, LLC

SECOND: The Florida Document Number of the limited liability company is: L06000009924

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

725 Balmoral Rd.

Winter Park, FL 32789

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

725 Balmoral Rd.

Winter Park, FL 32789

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: Eric G. Althin, Authorized Member

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: Eric G. Althin, Authorized Member

b. No authority granted to: _____


Signature of authorized representative

Eric G. Althin

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED
2014 APR 28 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA