

LOG 000045859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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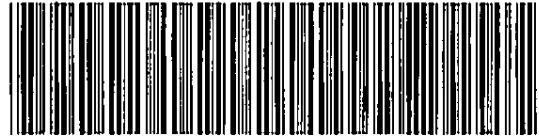
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

21123721

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lewis M. Garrish DMD, L.C.  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brent Baris  
Name of Person

Brent E. Baris, P.A.  
Firm/Company

P.O. Box 223  
Address

High Springs, FL 32655  
City/State and Zip Code

lewgarish@me.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brent Baris at ( 386 ) 454-0688  
Name of Person Area Code Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Brent E. Baris, P.A.  
Paid 02 / 17 / 2021  
Check #: 14053  
\$ 25.00

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

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**FIRST:** The name of the limited liability company is: Lewis M. Garrish DMD, L.C.

SECRETARY OF STATE  
TALLAHASSEE, FL.

**SECOND:** The Florida Document Number of the limited liability company is: L06000045859

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

2441 N.W. 43rd Street, Ste. 16

Gainesville, FL 32606

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

2441 N.W. 43rd Street, Ste. 16

Gainesville, FL 32606

**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: Lewis M. Garrish

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: W.F. Vassar, Jr.

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

Lewis M. Garrish  
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)