

LD6000067695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

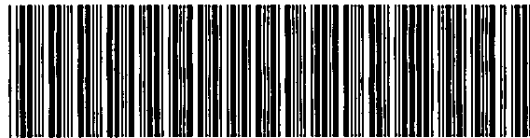
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/16/16--01021--018 **55.00

FILED
16 JUN 16 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 17 2016
J. HARRIS



1611 Harden Blvd.
Lakeland, FL 33803
863.687.1771 (tel)
863.687.1775 (fax)
linda@polklawyer.com

June 14, 2016

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

Re: Filing of Statement of Authority
West Brannen Group, LLC

Dear Representative:

Enclosed for processing please find a Statement of Authority together with our check for the \$55.00 filing fee and certified copy. A postage-paid return envelope is also enclosed.

Please contact us with any questions or concerns.

Sincerely Yours,
Reed Mawhinney & Link, PLLC

Linda Marichal
Legal Assistant

/lhm

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WEST BRANNEN GROUP, 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:

William T. Link, Jr.

Name of Person

Reed Mawhinney & Link, PLLC

Firm/Company

1611 Harden Blvd.

Address

Lakeland FL 33803

City/State and Zip Code

will@polklawyer.com

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

For further information concerning this matter, please call:

William T. Link at (863) 687-1771
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: WEST BRANNEN GROUP, LLC

SECOND: The Florida Document Number of the limited liability company is: L06000067695

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

3511 CENTURY BLVD

SUITE 101

LAKELAND FL 33811

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

PO BOX 7204

LAKELAND FL 33807

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.

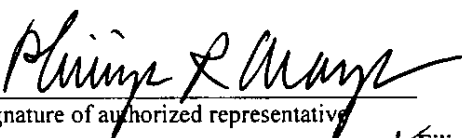
a. Granted to: PHILLIP R. MAYS

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: PHILLIP R. MAYS

b. No authority granted to: _____


Signature of authorized representative

PHILLIP R. MAYS

Typed or printed name of signature

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

FILED
16 JUN 16 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA