

L06000107325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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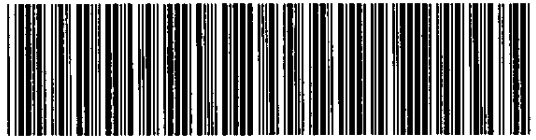
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
AUG 21 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Plummer Properties, 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:

Sandra D. Bellavia
Name of Person

Plummer Properties, LLC.
Firm/Company

457 Glenwood Rd
Address

Deland FL 32720
City/State and Zip Code

Sandie.beaches@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Bellavia at (386) 873-7262
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: Plummer Properties, LLC

SECOND: The Florida Document Number of the limited liability company is: *L06000107325

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

457 Glenwood Rd
Deland, FL 32720

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

Same

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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: Sandra Bellavia

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: Sandra Bellavia

b. No authority granted to: /

Sandra Bellavia
Signature of authorized representative

Sandra Bellavia
Typed or printed name of signature

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