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(Requestor's Name)

(Address)

(Address)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Shivers MAY 08 2015

COVER LETTER

TO: Registration Section
Division of Corporations

D & M Unlimited, LLC

SUBJECT: _____
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:

Marilyn J. Byers

Name of Person

D & M Unlimited, LLC

Firm/Company

6101 Wilbeth Ave.

Address

Orlando, Florida 32809

City/State and Zip Code

dmunlimitedllc@gmail.com

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

For further information concerning this matter, please call:

Marilyn J. Byers

321

230-4649

Name of Person

at (_____) _____

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: D & M Unlimited, LLC

SECOND: The Florida Document Number of the limited liability company is: L07000069884

THIRD: The street address of the limited liability company's principal office is:
6101 Wilbeth Ave.

Orlando, Florida 32809

The mailing address of the limited liability company's principal office is:
6101 Wilbeth Ave.

Orlando, Florida 32809

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.

Dale E. Byers

a. Granted to: _____

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

Dale E. Byers

a. Granted to: _____

b. No authority granted to: _____

Marilyn J. Byers
Signature of authorized representative

MARILYN J. BYERS
Typed or printed name of signature

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