

LU7000077390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

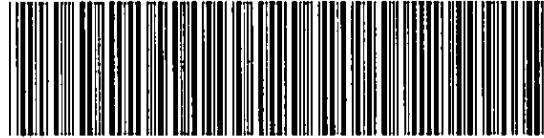
(Business Entity Name)

(Document Number)

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2021 FEB 26 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FL

QS

S/3/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shepherdson-Grace, 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:

Greg L. Lowhorn

Name of Person

Shepherdson-Grace, LLC

Firm/Company

PO Box 10145

Address

Pensacola FL 32524

City/State and Zip Code

lowhorn@cox.net

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

For further information concerning this matter, please call:

Greg L. Lowhorn at (850) 324-2108
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

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: Shepherdson-Grace, LLC

SECOND: The Florida Document Number of the limited liability company is: L07000077390

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

4285 Essex Terrace Circle

Pace FL 32571

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

PO Box 10145

Pensacola FL 32524

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TALLAHASSEE, FL

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: Greg L. Lowhorn, Juanita A. Lowhorn

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: Greg L. Lowhorn, Juanita A. Lowhorn, Hannah M. Lowhorn

b. No authority granted to: _____

 2/23/2021
Signature of authorized representative

Greg L. Lowhorn
Typed or printed name of signature

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