

L07000126121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

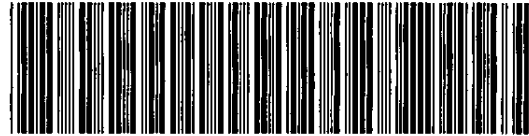
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 NOV -3 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Stivers NOV 05 2014

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: Lowe Avenue LLC

SECOND: The Florida Document Number of the limited liability company is: LO9000126121

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

604 S. Lake Sybelia Drive  
Maitland FL 32751

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

604 S. Lake Sybelia Drive  
Maitland, FL 32751

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: Edmund Hampden,  
Barbara Hampden

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: Edmund Hampden,  
Barbara Hampden

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

Edmund Hampden  
Signature of authorized representative

EDMUND HAMPDEN  
Typed or printed name of signature

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

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LOWE AVENUE 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:

EDMUND HAMPTON

Name of Person

LOWE AVENUE LLC

Firm/Company

604 S. Lake Sybelia Drive

Address

Maitland FL 32751

City/State and Zip Code

edhampton@aol.com

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

For further information concerning this matter, please call:

Edmund Hampton

Name of Person

at ( 407 ) 810-4446

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