

108000028964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

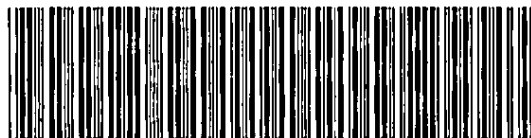
(Business Entity Name)

(Document Number)

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

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17 DEC 28 AM 9:43  
TOLSON

J. LEGGETT  
DEC 29 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Greenleaf Builders 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:

Thomas Wegwert

\_\_\_\_\_  
Name of Person

Greenleaf Builders LLC

\_\_\_\_\_  
Firm/Company

4367 Mourning dove Drive

\_\_\_\_\_  
Address

Naples, FL 34119

\_\_\_\_\_  
City/State and Zip Code

twegwert@comcast.net

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

For further information concerning this matter, please call:

Thomas Wegwert

239  
at ( )

293-6519

\_\_\_\_\_  
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

CR2E138 (2/14)

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Bldg

#1362

**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: Greenleaf Builders LLC

**SECOND:** The Florida Document Number of the limited liability company is: L08000028964

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

4367 Mourning Dove Drive

Naples, Fl 34119

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

4367 Mourning Dove Drive

Naples, Fl 34119

**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: Kevin Thomas Wegwert

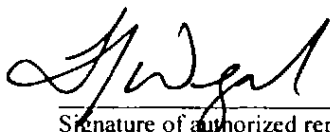
b. No authority granted to: \_\_\_\_\_

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

a. Granted to: Kevin Thomas Wegwert

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

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Signature of authorized representative

*M. ANGE*

Thomas J. Wegwert

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)