

L080000078241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

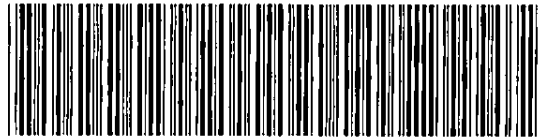
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORP
(850) 656- 4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 10/16/2023
Acc#I20160000072

en: c DW

Name:	Cypress Drive Property II LLC
Document #:	
Order #:	15172144

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
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	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **25.00**

Thank you!

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: Cypress Drive Property II LLC

SECOND: The Florida Document Number of the limited liability company is: 1.08000078241

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

5969 Cattleridge Blvd

Suite 102

Sarasota, FL 34232

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

5969 Cattleridge Blvd

Suite 102

Sarasota, FL 34232

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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.

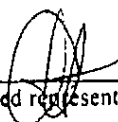
a. Granted to: Jennifer T. Trent

b. No authority granted to: John S. Trent (a/k/a John Stuart Trent or John Trent) and/or Rhoda Delucia Trent (a/k/a Rhoda D. Trent, Rhoda Trent or Angle Trent)

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

a. Granted to: Jennifer T. Trent

b. No authority granted to: John S. Trent (a/k/a John Stuart Trent or John Trent) and/or Rhoda Delucia Trent (a/k/a Rhoda D. Trent, Rhoda Trent or Angle Trent)



Signature of authorized representative

Jennifer T. Trent

Typed or printed name of signature

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