

LEO00080304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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10 NOV -5 PM 12: 24  
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JAN 19 2019

Statement  
of  
Authenticity

NOV 20 2018

D CUSHING

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **LIT REAL ESTATE, LLC**  
*Name of Limited Liability Company*

Dear Sir or Madam:

The enclosed Statement of Authority and filing fee of \$25.00 is submitted for filing. Please return all correspondence concerning this matter to the following:

**MINDAUGAS NETCHOUNAS**  
*Name of Manager*

**LIT REAL ESTATE, LLC**  
*Name of Company*

**8066 Wiltshire Drive**  
*Address of Company*

**Port Charlotte, Florida 33981**  
*City/State and Zip Code*

**Minja07@msn.com**  
*E-Mail Address of Manager*

For further information concerning this matter, please call:

Katrina Rydzenski at (941) 627-1000

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 NOV -7 PM 12:21

This Instrument Prepared by & Return to:  
John L. Wideikis  
Wideikis, Benedict & Berntsson, LLC  
THE BIG W LAW FIRM  
3195 S. Access Road  
Englewood, FL 34224

FILED  
19 JUL -5 PM 12:21  
CLERK OF DISTRICT COURT  
NINTH JUDICIAL CIRCUIT  
PORT CHARLOTTE, FLORIDA

## STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 30 day of OCTOBER, 2018, and same shall be effective for a period of five (5) years from the date of this Statement unless sooner terminated as so permitted by law:

**FIRST:** The name of the limited liability company is: **LIT REAL ESTATE, LLC**

**SECOND:** The Florida Document Number of the limited liability company is:  
**L08000080304**

**THIRD:** The street address of the limited liability company's principal office is:  
**8066 Wiltshire Drive, Port Charlotte, Florida 33981**

The mailing address of the limited liability company's principal office is:  
**8066 Wiltshire Drive, Port Charlotte, Florida 33981**

**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 matters enumerated below:

1. May execute instruments transferring real and personal property held in the name of the company, including by way of example and not by way of limitation, Warranty Deeds, Closing Statements, Bills of Sale, Closing Affidavits and Certificates, and Closing Statement Addendums.

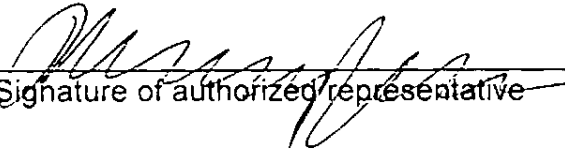
- a. Granted to **MINDAUGAS NETCHOUNAS**, as Manager.
- b. No authority granted to:

2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company in all matters, including by way of example and not by way of limitation, the pledge of company property by mortgage, security agreement or otherwise; the borrowing of money on behalf of the company through execution of promissory notes

or otherwise; the execution of guaranties on behalf of the company; and the execution of any other loan documents on behalf of the company.

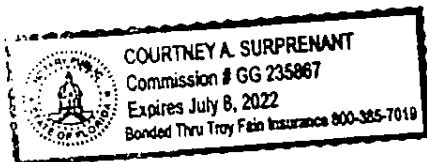
- a. Granted to: **MINDAUGAS NETCHIOUNAS**, as Manager.
- b. No authority granted to:

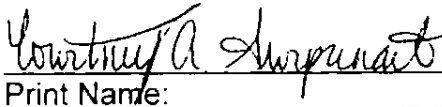
The undersigned does hereby certify the accuracy of the statements set forth herein.

  
Signature of authorized representative

**MINDAUGAS NETCHIOUNAS, Manager**  
Printed name and position title

The foregoing instrument was sworn to and acknowledged before me this 30<sup>th</sup> day of October, 2018, by **MINDAUGAS NETCHIOUNAS**, who is personally known to me, or who has provided FL DL, to establish their identity to me.



  
Print Name: \_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_

[SEAL]