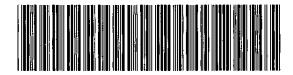
L08000084358

(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Special Instructions to Filing Officer: Linde Tackett gave permission to corcect document.			



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T. BROWN

COVER LETTER

	Registration Section Division of Corporations		
SUBJECT:	Childkare Solutions LLC	C	
202011011		ne of Limited Liability Com	pany
Dear Sir o	or Madam:		
The enclo	sed Statement of Authority and fee	e(s) are submitted for filing.	
Please ret	urn all correspondence concerning	this matter to the following	:
Linda V	Villoughy Tackett		
	Name of Person		
Childka	are Solutions		
	Firm/Company		
17932	Lake Iola Rd		
	Address		
Dage C	City, FL 33523		
	City/State and Zip Code		
-tackett(@12101 tackett42101eg	omailicom d	1
	E-mail address: (to be used for futu	re annual report notification	n)
For furthe	r information concerning this matt	er, please call:	
Linda V	V. Tackett	352	807-1418
	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)



STATEMENT OF AUTHORITY

authority	
FIRST:	The name of the limited liability company is: Childkare Solutions LLC
SECON	D: The Florida Document Number of the limited liability company is: L08000084358
THIRD:	The street address of the limited liability company's principal office is: 17932 Lake Iola Rd.
	Dade City, FL 33523
	17932 Lake Iola Rd. Dade City, FL 33523 The mailing address of the limited liability company's principal office is: 17932 Lake Iola Rd.
	Dade City, FL 33523
position	H: This statement of authority grants or sets limitations of authority on all persons having the status or of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific in the following: 1. May execute an instrument transferring real property held in the name of the company. a. Granted to: Linda Willoughby Tackett for any purpose
	b. No authority granted to: Holly Duncan
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the company. a. Granted to: Linda Willoughby Tackett for any reason b. No authority granted to: Holly Duncan
<u> </u>	Childrane Solutions LLC by Linda Willoughby Tackett, MMR e of authorized representative Filing Fee: \$25.00 Augustis LLC Securified Copy: \$30.00 (optional) Securified Copy: \$30.00 (optional) Securified Copy: \$30.00 (optional)