

108000091880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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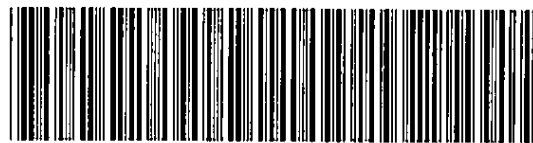
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lakeside Professionals 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:

C. Gene Shipley

Name of Person

Fisher Rushmer

Firm/Company

390 N. Orange Ave., Ste. 2200

Address

Orlando, FL 32801

City/State and Zip Code

gshipley@fisherlawfirm.com

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

For further information concerning this matter, please call:

Gene Shipley

at (

407

843-2111

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

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: Lakeside Professionals LLC

SECOND: The Florida Document Number of the limited liability company is: L08000091880

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

4216 Fairway Run

Tampa, FL 33618

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

2664 Jewett Lane

Sanford, FL 32771

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: Both David P. Carrier AND Michael B. Carrier
(both must execute any instrument to bind the company)

b. No authority granted to: David OR Michael Carrier individually
(both must execute any instrument to bind the company)

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

a. Granted to: Both David P. Carrier AND Michael B. Carrier
(both must execute any instrument to bind the company)

b. No authority granted to: David OR Michael Carrier individually
(both must execute any instrument to bind the company)



Signature of authorized representative

David P. Carrier

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)