

L08000093603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

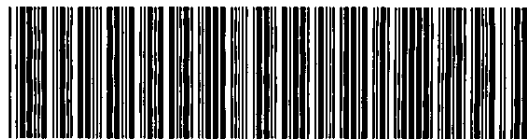
(Document Number)

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

Special Instructions to Filing Officer:

ST of AL

Office Use Only



200261374872

06/19/14--01009--013 \*\*30.00

RECEIVED  
JUN 19 2014

14 JUN 19 PM 1:15

2014 JUN 19

18 JUN 19 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

2

**SUBJECT:** **ADVANCED TELECOM SIGNAL BOOSTERS, 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:

**P. HUTCHISON BROCK, II**

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

**BROCK LAW, LLC**

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

**2145 CYPRESS RIDGE BOULEVARD, #202**

\_\_\_\_\_  
Address

**WESLEY CHAPEL, FL 33544**

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

**HBROCK@BROCK-LAW.COM**

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

For further information concerning this matter, please call:

**P. HUTCHISON BROCK, II**

**813**  
\_\_\_\_\_  
at ( )

**333-7267**

\_\_\_\_\_  
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: ADVANCED TELECOM SIGNAL BOOSTERS

**SECOND:** The Florida Document Number of the limited liability company is: L08000093603

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

15000 CITRUS COUNTRY DRIVE, SUITE 331

DADE CITY, FL 33523

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

15000 CITRUS COUNTRY DRIVE, SUITE 331

DADE CITY, FL 33523

**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.

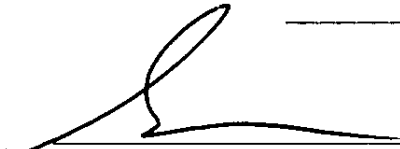
a. Granted to: SHANNON M. RAY ; CALECIA A. RAY

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: SHANNON M. RAY ; CALECIA A. RAY

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

  
Signature of authorized representative

SHANNON M. RAY

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)