

LOS 000100752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

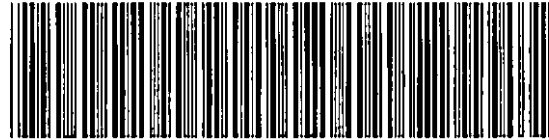
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LW Industrial, 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:

Ryan E. Willits, Esq.

Name of Person

Willits & Associates, P.A.

Firm/Company

2325 N. Ocean Blvd., 2nd Floor

Address

Boca Raton, FL 33431-7908

City/State and Zip Code

ryan@floridadirtlawyers.com

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

For further information concerning this matter, please call:

Ryan E. Willits

561
at ()

353-2400

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: LW INDUSTRIAL, LLC

SECOND: The Florida Document Number of the limited liability company is: L08000100752

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

1126 South Federal Highway

Suite 407

Fort Lauderdale, FL 33316

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

1126 South Federal Highway

Suite 407

Fort Lauderdale, FL 33316

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: Bill Cuthbertson, as Manager of the Company

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: Bill Cuthbertson, as Manager of the Company

b. No authority granted to: _____

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STATE OF FLORIDA
DEPARTMENT OF REVENUE


Signature of authorized representative

Damon DeSantis, Authorized Member
Typed or printed name of signature

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