10900000943

(Requestor's Name)					
(Address)					
(Address)					
(City	//State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
,		:			

Office Use Only



400298974814

06/26/17--01033--027 **25.00

17 JUN 26 PH I2: 52

S. WARREN JUN 2 9 2017

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJEC	MELANIE WHITE TAX SER	₹VICE	LLC	
SUBJEC		imited	Liability Com	pany
Dear Sir o	or Madam:			
The enclo	osed Statement of Authority and fee(s) are	e submi	tted for filing.	
Please ret	rurn all correspondence concerning this m	natter to	the following	:
MELAN	NIE C WHITE			
	Name of Person			
MELAN	NIE WHITE TAX SERVICE LLO	;		
	Firm/Company			
4631 N	IW 53RD AVE STE 101			
	Address			
GAINE	SVILLE, FL 32653			
	City/State and Zip Code			
MELAN	NIECWHITE@BELLSOUTH.NE	ΞT		
	E-mail address: (to be used for future ann	ual rep	ort notification	n)
For furthe	er information concerning this matter, ple	ase call	:	
MELA	NIE C WHITE	at :	352	316-5056
	Name of Person	 .	Area Code	Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section	
I	Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327	
	2661 Executive Center Circle		Tallahassee, Florida 32314	

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the foll authority:	· ·
FIRST: The name of the limited liability company is: MELANIE WHITE TAX SERVI	CE LLC
SECOND: The Florida Document Number of the limited liability company is: L090000009	943
THIRD: The street address of the limited liability company's principal office is: 4631 NW 53RD AVE STE 101	
GAINESVILLE, FL 32653	- -
The mailing address of the limited liability company's principal office is: 4631 NW 53RD AVE STE 101	
GAINESVILLE, FL 32653	
FOURTH: This statement of authority grants or sets limitations of authority on all persons hav position of a person in a company, whether as a member, transferee, manager, officer or otherwiperson on the following: 1. May execute an instrument transferring real property held in the name of the compa. Granted to: MELANIE C WHITE KEITH D WHITE	pany. SSEE, I
b. No authority granted to:	52 ATE)RIDA
2. May enter into other transactions on behalf of, or otherwise act for or bind, the contact a. Granted to: MELANIE C WHITE	mpany.
b. No authority granted to:	_
Melanie CWHA MELANIE C WHIT	
Signature of authorized representative Typed or printed name	e of signature

Filing Fee:

\$25.00 Certified Copy: \$30.00 (optional)

CR2E138 (2/14)