

LO9000029086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Wittman Investments 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:

**Blake Hampton**

Name of Person

**Hampton Law, PLLC**

Firm/Company

**8931 Conference Dr, Suite 2**

Address

**Fort Myers, Florida 33919**

City/State and Zip Code

**acowan1@comcast.net**

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

For further information concerning this matter, please call:

**Allen Buddy Cowan**

Name of Person

**239**

Area Code

**297-8674**

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

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: Wittman Investments, LLC

SECOND: The Florida Document Number of the limited liability company is: L09000029086

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

16479 Rainbow Meadows Ct

Fort Myers, FL 33908

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

16479 Rainbow Meadows Ct

Fort Myers, FL 33908

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: Allen Buddy Cowan

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

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

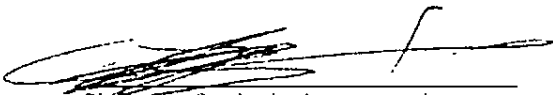
a. Granted to: Allen Buddy Cowan

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

CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

2023 AUG 29 PM 3:28

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Signature of authorized representative

16 AUG 2023

Allen Buddy Cowan

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)