# L09000019025

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	***
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300273319633

05/26/15--01051--006 \*\*55.00

SICHETARY OF STATE

SECRETARY OF STATE

15 MAY 26 PM 4: 51

## Law Offices of Bonnie A. Brown

514 South Colorado Avenue Stuart, Florida 34994

Telephone: (772) 221-9024 Fax: (772) 221-9086

May 18, 2015

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

RE: Statement of Authority: South Florida Collision Management, LLC,
Florida Collision Management, LLC,
Treasure Coast Collision Management, LLC

#### Dear Sir/Madam:

Enclosed please find 3 Statement of Authorities to be filed and a certified copy sent back to our office of each of the LLC's referenced above. I have enclosed 3 checks for each LLC of \$55.00 each, \$25.00 to file and \$30.00 for the certified copy. Please find a self addressed stamped envelope to return them in.

Thank you for your assistance in this matter.

Respectfully,

Denise Benson Office Assistant Enclosures as Stated Via Regular Mail

File No.: 15134

#### **COVER LETTER**

Div	ision of Corporations		
SUBJECT:	South Florida Collision Manag	gement, LLC	
20202011	Name of Lim	ited Liability Com	pany
Dear Sir or M	∕ladam:		
The enclosed	Statement of Authority and fee(s) are so	ubmitted for filing.	
Please return	all correspondence concerning this matt	ter to the following:	
Gordon K	Celly		
	Name of Person		
South Flo	orida Collision Management, LL	-C	
	Firm/Company		
900 South	h Old Dixie Highway		
	Address		
Jupiter, F	L 33458		
	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
gkelly@s	chmidtsflorida.com		
E-n	nail address: (to be used for future annua	l report notification	)
For further in	nformation concerning this matter, please	e call:	
Gordon K	Celly	561	373-6772
	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 15 th H2 92 108 CI

FILED SECKLTARY OF STATE OFFISION OF CORPORATIONS

TO:

Registration Section

### STATEMENT OF AUTHORITY

authority		-		
FIRST:	The name of the limited liability company is: South Florida Collision Manager	nent, 	LLC	<u>.</u>
SECON	D: The Florida Document Number of the limited liability company is: L0900007902	 5		
THIRD	The street address of the limited liability company's principal office is:  900 South Old Dixie Highway			
	Jupiter, FL 33458			
	The mailing address of the limited liability company's principal office is:			
	900 South Old Dixie Highway			
	Jupiter, FL 33458			
	n the following:  1. May execute an instrument transferring real property held in the name of the company a. Granted to: Gordon Kelly	y,		
	b. No authority granted to: Robi Tschappat and		15 HA	NOISEAL PAGES
	Robert L. Marsh, Jr.		50	무료
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the comp  a. Granted to:  Granted to:	And And Des	T HG	2555 CK 74 CK 74 CK
	a. Granted to:	BH H	£: 5	ATION
N.	No authority granted to: Robi Tschappat and Robert L. Marsh, Jr.			* #
	GORDON KELLY ROBI TSCHAPPA		_	
Signature	e of authorized representative Robert Mars  Typed or printed name of		<u>R.</u> ture	
	Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)	3.8.m		