

109000080156

(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:

Office Use Only



300312971193

05/04/18--01019--003 **25.00

RECEIVED
FEBRUARY 1, 2018
FEBRUARY 1, 2018

2018 MAY -4 PM 12:05

FILED

SE/1005

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Resolute Asset Management, 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:

Clay Lehman

Name of Person

Resolute Asset Management, LLC

Firm/Company

2215 E. Fort King St

Address

Ocala, FL 34471

City/State and Zip Code

clehman@resoluteam.com

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

For further information concerning this matter, please call:

Clay Lehman

Name of Person

352
at ()
Area Code

414-5293

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

2011 MAY -4 P 12:05
TALLAHASSEE, FLORIDA

FILED

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: Resolute Asset Management LLC

SECOND: The Florida Document Number of the limited liability company is: L09000080156

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

2215 E. Fort King St

Ocala, FL 34471

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

2215 E. Fort King St

Ocala, FL 34471

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: _____

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: Eilleen Cardone, as Operations Manager and

Mona Barlow and Danielle Thompson, as Asset Mgrs

b. No authority granted to: _____


Signature of authorized representative

CLAY LEHMAN
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)