

LOGCCCS0156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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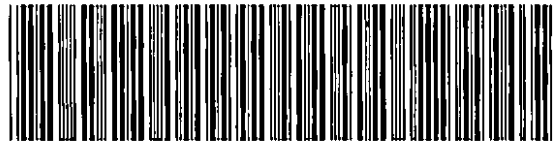
(Business Entity Name)

(Document Number)

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MAY 28 2019

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MAY 29 2019
19 MAY 29 PM 4:44

Statement
of
Authority

JUN 18 2019

D CUSHING

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

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

19 MAY 29 PM 1:44
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: _____

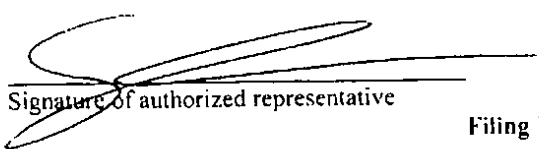
b. No authority granted to: _____

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 Strausser 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)

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