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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUN 15 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Doerr's Trailers, 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:

John D. Heffling

Name of Person

Sonneborn, Rutter, Cooney, et al

Firm/Company

1400 Centrepark Blvd, Suite 400

Address

West Palm Beach, FL 33401

City/State and Zip Code

jheffling@srcke.com

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

For further information concerning this matter, please call:

John D. Heffling

Name of Person

561

Area Code

684-2000

Daytime Telephone Number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

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: Doerr's Trailers, LLC

SECOND: The Florida Document Number of the limited liability company is: L09000104230

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

829 Benoist Farms Road
West Palm Beach, FL 33411

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

829 Benoist Farms Road
West Palm Beach, FL 33411

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: William S. Braswell

b. No authority granted to: Steve Braswell, David P. Braswell,
Janice A. Haff, and Cindy A. Casper

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

a. Granted to: William S. Braswell

b. No authority granted to: Steve Braswell, David P. Braswell,
Janice A. Haff, and Cindy A. Casper

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TALLAHASSEE, FLORIDA
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Signature of authorized representative

William S. Braswell
Typed or printed name of signature

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