From:Shoppard	Law	Firm

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5/30/2018	Division of Corporations
	COOPrida Department of State 273 Division of Corporations 273
	Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.
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	Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.
	To: Division of Corporations Fax Number : (850)617-6383
	From: Account Name : SHEPPARD, BRETT, STEWART, HERSCH, KINSEY & HILL, P.A. Account Number : 120040000018 Phone : (239)334-1141 Fax Number : (239)334-3965
	annual report mailings. Enter only one email address please.
RECEIVED 2018 HAY 31 AM 9: 49	LLC AMND/RESTATE/CORRECTOR: M/MG RESIGN DIXIE PARKWAY ASSOCIATES, LLC Certificate of Status 1 Certified Copy 0 Page Count 09 Estimated Charge \$30.00
El	ectronic Filing Menu Corporate Filing Menu F

From:Sheppurd Law Firm

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STATEMENT OF AUTROPITY

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: Dixie Parkway Associates, LLC

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

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

2531 Cleveland Avenue

Fort Myers, Florida 33901

The mailing address of the limited liability company's principal office is: 2531 Cleveland Avenue

Fort Myers, Florida 33901

FOURTH: This statement of authority grants or sets limitations of histority 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 heid in the name of the company.

a. Granted to:______Charles "Ched" Miller, as Manager

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 : Cha	rles "Ched" Miller, a	as Manager		55 J	
						en igr j
b,	No authority grante	ed to:			<u>影</u> 	و الا 1999 - 1999 1994 - 1997 2017 - 1997
[See Signature P:	age attached]		[See Signature Pag	e attached]	5: 	
Signature of authorize	ed representative	Filing Fee: S25. Certified Copy: S30.	"don'Typed or printed name o 04000		Ņ	
UR2E438 (2/14)						
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Dated this _21 Rithess Signature Dobert Unnst Printed Name of Witness Witness Signature Acca Tafe/ Printed Name of Witness	day of <u>May</u> , 2018. Paul ID. Fuchs, D.O., Member
STATE OF FLORIDA	

COUNTY OF LEE

Execution of the foregoing instrument was acknowledged before me this $\underline{21}$ day of $\underline{000}$, 2018, by Paul D. Fuchs as Member of Dixie Parkway Associates, LLC, a Florida Limited Liability Company, who is (\swarrow) personally known to me or who has () produced as identification.

Signature of Notary Public <u>Tiffany</u> Orake Printed Name of Notary Public

Commission Number: Commission Exp. Date:

TIFFANY DRAKE MY COMMISSION # GG 107824 EXPIRES: June 26, 2021 Bonded Thru Notzry Public Underwriten

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Signature ~~ <u>0°D</u> Cunn Printed Name of Witness 11 Witness Signature Printed Name of Witness

Patrick B. Leach, M.D., Member

STATE OF FLORIDA

COUNTY OF LEE

Execution of the foregoing instrument was acknowledged before me this $\frac{21}{21}$ day of May _____, 2018, by Patrick B. Leach, M.D. as Member of Dixie Parkway Associates, LLC, a Florida Limited Liability Company, who is (x) personally known to me or who as identification. has () produced

Signature of Notary Public

Tiffan, Jaks Printed Name of Notary Public

Commission Number: Commission Exp. Date:



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From:Shoppard Law Firm

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Signature DC55 zerf (NNY ted Name of Witness Signatup itness LEA Printed Name of Witness

P. Jeffrey Richards, M.D., Member

STATE OF FLORIDA

COUNTY OF LEE

Execution of the foregoing instrument was acknowledged before me this $\frac{\partial I}{\partial I}$ day of , 2018, by P. Jeffrey Richards, M.D. as Member of Dixie Parkway May Associates, LLC, a Florida Limited Liability Company, who is () personally known to me or who has () produced _ _____as identification.

-61 Signature of Notary Public TIffanc Drake Printed Namic of Notary Public

Commission Number: Commission Exp. Date:



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From:Shappard Law Firm

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DI. A IL	1 A A X
Witness Signature //	Jeremy Schwartz, M.D., Member
Printed Name of Witness	
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CHARLESS SIGNAL WE NILLEN	
Printed Name of Witness	
STATE OF FLORIDA	:
May	foregoing instrument was acknowledged before me this $\frac{21}{2}$, 2018, by Jeremy A. Schwartz, M.D. as Member of Dixie
Execution of the May Associates, LLC, a Flor	, 2018, by Jeremy A. Schwartz, M.D. as Member of Dixie ida Limited Liability Company, who is (X) personally known to n as identification. Signature of Notary Public
Execution of the May Associates, LLC, a Flor has () produced	, 2018, by Jeremy A. Schwartz, M.D. as Member of Dixie ida Limited Liability Company, who is (X) personally known to n as identification.
Execution of the May Associates, LLC, a Flor	, 2018, by Jeremy A. Schwartz, M.D. as Member of Dixie ida Limited Liability Company, who is (X) personally known to n as identification. Signature of Notary Public
Execution of the May Associates, LLC, a Flor has () produced Commission Number:	, 2018, by Jeremy A. Schwartz, M.D. as Member of Dixie ida Limited Liability Company, who is (X) personally known to m as identification. Signature of Notary Public <u>TI-FLavid</u> Drake Printed Name of Notary Public TIFFANY ORANE MY COMMISSION # GG 107824 EXPIRES: June 26, 2021
Execution of the May Associates, LLC, a Flor has () produced Commission Number:	, 2018, by Jeremy A. Schwartz, M.D. as Member of Dixie ida Limited Liability Company, who is (X) personally known to m as identification. Signature of Notary Public <u>TI-FLavid</u> Drake Printed Name of Notary Public TIFFANY ORANE MY COMMISSION # GG 107824 EXPIRES: June 26, 2021

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From:Shoppard Law Firm

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Fletcher A. Reynolds, M.D., Member

itness Signature (aba) mn Printed Name of M Witness Signature <u>111/11</u>00 HHRIE Printed Name of Witness

STATE OF FLORIDA

COUNTY OF LEE

Execution of the foregoing instrument was acknowledged before me this $\frac{\partial 1}{\partial t}$ day of 2018, by Fletcher A. Reynolds, M.D. as Member of Dixie Parkway may Associates, LLC, a Florida Limited Liability Company, who is 44) personally known to me or who has () produced _____ _____as identification.

' i Signature of Notary Public <u>TI-ffanci</u> Drake Printed Name of Notary Public

Commission Number: Commission Exp. Date:



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From:Sheppard Law Firm

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Signature ness Wił Printed Δſ am Witnes

Printed Name of Witness

Charles P. Springer, M.D., Member

STATE OF FLORIDA

COUNTY OF LEE

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Signature of Notary Public <u>TIffany</u> Drake Printed Name of Notary Public

Commission Number: Commission Exp. Date:



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From:Shappard Law Firm

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STATE OF FLORIDA

COUNTY OF LEE

Execution of the foregoing instrument was acknowledged before me this 21 day of \underline{May} . 2018, by Antonio J. Flores, M.D. as Member of Dixie Parkway Associates, LLC, a Florida Limited Liability Company, who is $\langle X \rangle$ personally known to me or who has () produced _________as identification.

. <u>....</u> Signature of Motary Public / TIffan, Drake

Printed Name of Notary Public

Commission Number: Commission Exp. Date:



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From:Sheppard Law Firm

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Allen C. Tafel, M.D., Member

Printed Name of Witness

STATE OF FLORIDA

COUNTY OF LEE

1 Signature of Notary Public Printed Name of Notary Public

Commission Number: Commission Exp. Date:



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