

L 10000012025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 24 PM 1:30

✓ SALY

JAN 25 2018

5-18-1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Heritage Oaks Capital

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Ross

Name of Person

Heritage Oaks Capital

Firm/Company

6451 Eastpoint Pines Street

Address

Palm Beach Gardens/Florida 33418

City/State and Zip Code

Naabillross@gmail.com

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

For further information concerning this matter, please call:

William Ross

at (561)

6769330

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

CR138

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: Heritage Oaks Capital LLC

SECOND: The Florida Document Number of the limited liability company is: L10000012025

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

6150 Eastpointe Pines Street

Palm Beach Gardens

Florida 33418

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

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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 Ross

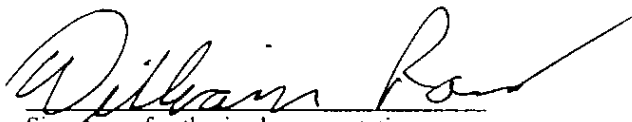
b. No authority granted to: _____

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

a. Granted to: William Ross

Bradford Ross

b. No authority granted to: _____


Signature of authorized representative

William Ross

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)