

L10000031811

(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



400289876974

400289876974  
09/12/16--01022--015 \*\*30.00

FILED  
2016 SEP 12 PM 5:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
SEP 13

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mark & Associates, LLC ~~f/k/a Prime Trust Assets, 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:

Pamela Van Woerkom

\_\_\_\_\_  
Name of Person

Sage Title & Escrow

\_\_\_\_\_  
Firm/Company

10625 N. Military Trail, Suite 204

\_\_\_\_\_  
Address

Palm Beach Gardens, FL 33410

\_\_\_\_\_  
City/State and Zip Code

closings@sagecompanies.net

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

For further information concerning this matter, please call:

Pamela Van Woerkom

at ( 561 ) 721-9686

\_\_\_\_\_  
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

**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: Mark & 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:

One Kepner Drive

Boynton Beach, FL 33435

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

One Kepner Drive

Boynton Beach, FL 33435

FILED  
2006 SEP 12 PM 5:10  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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.

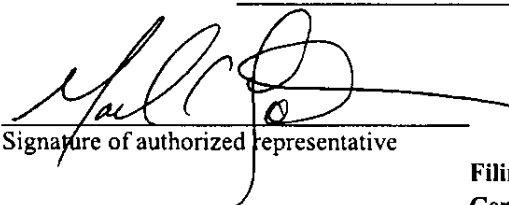
a. Granted to: Mark C. Lathem

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: Mark C. Lathem

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

Mark C. Lathem

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)