

L10000097076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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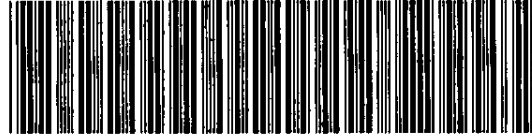
(Business Entity Name)

(Document Number)

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16 MAR 21 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 22 2016

J SHIVERS



March 17, 2016

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: REO Restorations, LLC
Document Number L10000093076

To Whom It May Concern:

Enclosed with my letter, please find this firm's check in the amount of \$55.00 (\$25.00 filing fee, \$30.00 certified copy fee) for filing of the enclosed Statement of Authority. Please return the certified copy to my attention at the address listed below.

Thank you for your assistance. Should you have any questions or require additional information, please do not hesitate to contact me at the number listed below.

Sincerely,

Anita Geraci-Carver

AGC/sw

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REO RESTORATIONS, 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:

Anita Geraci-Carver

Name of Person

Law Office of Anita Geraci-Carver, P.A.

Firm/Company

1560 Bloxam Avenue

Address

Clermont, FL 34711

City/State and Zip Code

donna@agclaw.net

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

For further information concerning this matter, please call:

Donna Divine

Name of Person

at (352)

Area Code

243-2801

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: REO RESTORATIONS, LLC

SECOND: The Florida Document Number of the limited liability company is: 56-2678477

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

15444 CR 448

Tavares, FL 32778

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

same as above

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: David A. Hook or Linda S. Hook

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: David A. Hook or Linda S. Hook

b. No authority granted to: _____

David A. Hook
Signature of authorized representative

David A. Hook

Typed or printed name of signature

Linda S. Hook

Signature of authorized representative

Filing Fee: \$25.00

Linda S. Hook

Certified Copy: \$30.00 (optional) Typed or printed name of signature