

L10000 119019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

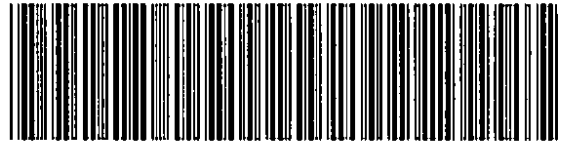
(Business Entity Name)

(Document Number)

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Statement
of
Authority

AUG 27 2020

D. C. ...

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLCC OF SW FL 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:

Bradley W. Butcher

Name of Person

Butcher & Associates, PL

Firm/Company

6830 Porto Fino Circle, Suite 2

Address

Fort Myers, FL 33912

City/State and Zip Code

bwb@b-a-law.com

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

For further information concerning this matter, please call:

Bradley W. Butcher

239

322-1651

at (_____)

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: GLCC OF SW FL LLC

SECOND: The Florida Document Number of the limited liability company is: L10000119019

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

923 Grafton Street

Lehigh Acres, FL 33974

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

923 Grafton Street

Lehigh Acres, FL 33974

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.

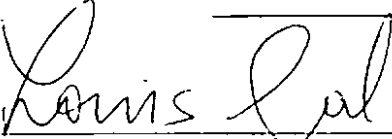
a. Granted to: Louis Gal, Jesmenia Gal

b. No authority granted to: Obed Guzman

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

a. Granted to: Louis Gal, Jesmania Gal

b. No authority granted to: Obed Guzman


Signature of authorized representative

Louis Gal, Manager
Typed or printed name of signature

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