

L1100000090002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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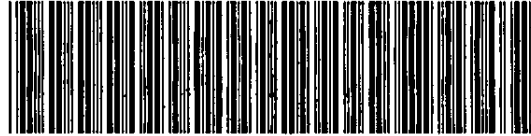
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 11 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Full Circle Animal Hospital 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:

Donna F. Gaither

Name of Person

Timothy P. Kelly PA

Firm/Company

1016 LaSalle Street

Address

Jacksonville, FL 32207

City/State and Zip Code

donna@tkellypa.com

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

For further information concerning this matter, please call:

Donna F. Gaither

Name of Person

904

Area Code

399-3705

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

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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: FULL CIRCLE ANIMAL HOSPITAL LLC

SECOND: The Florida Document Number of the limited liability company is: 111000009002

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

450077 State Road 200, Suite 20

Callahan, FL 32011

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

PO Box 1399

Callahan, FL 32011

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: Michael A. Payne Sr.

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: Michael A. Payne Sr.

b. No authority granted to: _____


Signature of authorized representative

Michael A. Payne Sr.

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

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TALLAHASSEE, FLORIDA

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