

L11000058494

(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
TALLAHASSEE, FLORIDA

OCT 01 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

Green topps Landscape Maintenance & Tree Services, LLC.

SUBJECT: _____
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:

Steven E. Grant

Name of Person

Green topps Landscape Maintenance & Tree Services

Firm/Company

4493 Ulman Avenue

Address

North Port, FL. 34286

City/State and Zip Code

greentopps2@gmail.com

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

For further information concerning this matter, please call:

Candice Grant

941

662-9515

at ()

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: Greentopps Landscape Maintenance & Tree S

SECOND: The Florida Document Number of the limited liability company is: L11000058454

THIRD: The street address of the limited liability company's principal office is:
4493 Ulman Avenue

North Port, FL. 34286

The mailing address of the limited liability company's principal office is:
4493 Ulman Avenue

North Port, FL. 34286

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.

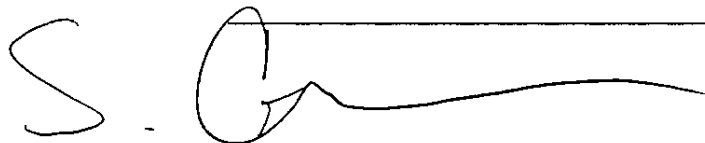
a. Granted to: Candice M. Grant

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: Candice M. Grant

b. No authority granted to: _____



Signature of authorized representative

Steven E. Grant

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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