

L11000112289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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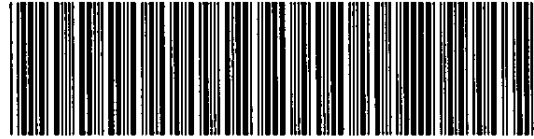
(Business Entity Name)

(Document Number)

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17 MAY 25 AM 9: 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

MAY 26 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Swann Scandia, 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:

PETER LACKMAN

Name of Person

Lackman & Co. CPAs

Firm/Company

710 West Bay Street

Address

Tampa, Fla. 33606

City/State and Zip Code

lackmancpa@yahoo.com

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

For further information concerning this matter, please call:

PETER Lackman

Name of Person

at

(813)

Area Code

258-5600

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: Swann Scandia, LLC

SECOND: The Florida Document Number of the limited liability company is: L11000112289710

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

710 West Bay Street

Tampa, FL 33606

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

710 West Bay Street

Tampa, FL 33606

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: the owners as a group


b. No authority granted to: INDIVIDUAL OWNERS

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

a. Granted to: DRUMOND TRUST, MGR

PETER Lackman to refinance the building loan

b. No authority granted to: _____

 Laurie Lackman

Signature of authorized representative

Drumond Trust, LLP - Manager (Peter W. Lackman/Laurie B. Lackman)

TC3, LLC - Manager (Thomas T. Christenberry)

Mathew Schnelder - Manager

Math Schnelder
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED
17 MAY 25 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA