

L/2000027/43

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 12 2015  
S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: P.R. Jax, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Keith Rawlinson  
Name of Person

P.R. Jax, LLC  
Firm/Company

12532 Mission Hills Dr. South  
Address

Jacksonville, FL 32225  
City/State and Zip Code

cjun122463@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith Rawlinson at (904) 553-9560  
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FL  
SECRETARY OF STATE

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

June 1, 2015

Department of State  
Division of Corporations  
Corporate Filings  
Post Office Box 6327  
Tallahassee, Florida 32314

**RE: RECORDING FEES  
P. R. JAX, LLC**

To Whom It May Concern:

Please find enclosed a check for recording fees for the following documents:

1. Dissociation of Member for a Limited Liability Company
2. Certificate of Designation of Registered Agent/Registered Office
3. Statement of Authority
4. Articles of Amendment to Articles of Organization of P. R. Jax, LLC

If you have any questions, please contact our office.

Sincerely,

Jon C. Lasserre

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**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: P.R. Jax, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L12000027143

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

12532 Mission Hills Drive South

Jacksonville, Florida 32225

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

12532 Mission Hills Drive South

Jacksonville, Florida 32225

**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: Bryan Keith Rawlinson, Megan Rawlinson

b. No authority granted to: Others

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

a. Granted to: Bryan Keith Rawlinson, Megan Rawlinson

b. No authority granted to: Others

  
Signature of authorized representative

Bryan K. Rawlinson  
Typed or printed name of signature

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

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15 JUN -4 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA