

✓
L12000066097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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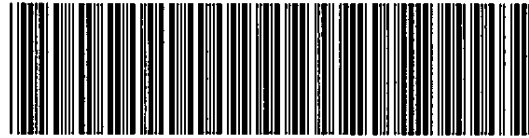
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 09 2014

LAW OFFICES

LAWRENCE E. DOLAN, P.A.

ATTORNEY AT LAW
501 EAST CHURCH STREET
ORLANDO, FLORIDA 32801

LAWRENCE E. DOLAN

407-841-7300
FAX 407-841-7304

November 25, 2014

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

Re: Carter Family Enterprise, L.L.C.

Gentlemen:

Enclosed under cover of this letter is a Statement of Authority to be filed along with my cover letter.

Also enclosed is my trust account check in the amount of \$55.00 in payment of the filing fee and to obtain a certified copy of the Statement of Authority. For your convenience there is enclosed a stamped, self-addressed envelope you may use in returning the certified copy to me.

Very truly yours,

LAWRENCE E. DOLAN, P.A.



LAWRENCE E. DOLAN

LED:ln

Enclosures

cc: Mrs. Ruth A. Carter

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **CARTER FAMILY ENTERPRISE, L.L.C.**
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:

Lawrence E. Dolan, Esquire
Name of Person

Lawrence E. Dolan, P.A.
Firm/Company

501 East Church Street
Address

Orlando, Florida 32801
City/State and Zip Code

LSDolan@Bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lawrence E. Dolan at (**407**) **841-7300**
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: CARTER FAMILY ENTERPRISE, L.L.C.

SECOND: The Florida Document Number of the limited liability company is: L120000106097

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

806 North Lake Pleasant Road

Apopka, Florida 3271203222

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

the same

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: Ruth A. Carter, Manager

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: Ruth A. Carter, Manager

b. No authority granted to: _____

Ruth A. Carter
Signature of authorized representative

Ruth A. Carter
Typed or printed name of signature

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

FILED
14 DEC -2 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA