112 000 119747

(Re	equestor's Name)	.				
(Ac	ldress)					
(Ac	Idress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bu	ısiness Entity Nar	me)				
(Do	ocument Number)					
Certified Copies	_ Certificates	s of Status				
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J. Shiners JAN 29 2015

COVER LETTER

	vision of Corporations	4	. F.				
SUBJECT	Potter Investments						
SUBJECT		Limited Liability Comp	any				
Dear Sir or	Madam:						
The enclose	ed Statement of Authority and fee(s) a	re submitted for filing.					
Please retur	n all correspondence concerning this i	matter to the following:					
Andrea l	Potter						
	Name of Person						
Potter In	vestments						
	Firm/Company						
6516 S.	78th Street						
	Address						
Rivervie	w, FL 33578						
	City/State and Zip Code	· · ·					
aapotter	6@verizon.net						
E-	mail address: (to be used for future an	nual report notification)					
For further i	information concerning this matter, plo	ease call:					
Andrea F	Potter	813	781-3967				
	Name of Person	Area Code	Daytime Telephone Number				
	REET/COURIER ADDRESS:		G ADDRESS:				
	gistration Section vision of Corporations	Registratio Division o	on Section f Corporations				
Cli	fton Building	P.O. Box 6	P.O. Box 6327				
260	61 Executive Center Circle	Tallahasse	e, Florida 32314				

CR2E138 (2/14)

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

authority	/:		da Statutes, this limit	-		the follow	ing state	ement	of
FIRST:	The name of	of the limited liabi	ility company is: Po	otter Inves	tments				
SECOND: The Florida Document Number of the limited liability company is: L12000119747									
	: The street		ited liability compar						
	Riverviev	w, FL 33578							
		ng address of the l	limited liability com	pany's princi	pal office is:				
	Rivervie	w, FL 33578							
position of person of	of a person in the following	n a company, whe	y grants or sets limit ether as a member, to ent transferring real p drea Potter	ransferee, ma	in the name of t	otherwise	or to a s	specific 15 JAN 16	Franklike Tilbert vo
	ь.	No authority gra	anted to:				FLORIDA	AH 7: 59	Transfering .
	2. May er	nter into other tran Granted to : Ar	nsactions on behalf o ndrea Potter	of, or otherwis	se act for or bind	l, the compa	any.		
	b.	No authority gra	ented to:						
Tha	m fo	Un			Andrea Pott				
Sighature	e of authoriz	ed representative	Filing Fee: Certified Cop	\$25.00 py: \$30.00 (c	Typed or print optional)	ted name of	ʻsignatu	ire	

CR2E138 (2/14)