

L12000130330

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000161179 3)))



H170001611793ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SMITH HULSEY & BUSEY
Account Number : 075030000653
Phone : (904) 359-7700
Fax Number : (904) 359-7708

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

17 JUN 16 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CROWN SHINDLER/COLLINS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

FILED
17 JUN 16 AM 9:01
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

O SIMMONS

JUN 19 2017

(((H17000161179 3)))

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: Crown Shindler/Collins LLC

SECOND: The Florida Document Number of the limited liability company is: L12000120530

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

~~2207 Sawgrass Village Drive~~

~~Ponte Vedra Beach, FL 32082~~

436 Osceola Ave.

Jacksonville Beach, FL 32250

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

~~2207 Sawgrass Village Drive~~

~~Ponte Vedra Beach, FL 32082~~

P.O. Box 14126

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: _____

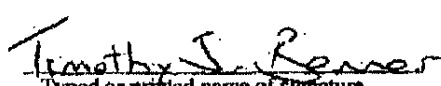
b. No authority granted to: Robert H. Hendricks

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

a. Granted to: _____

b. No authority granted to: Robert H. Hendricks


Signature of authorized representative


Typed or printed name of signature

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

CR2E138 (2/14)

(((H17000161179 3)))

FILED
17 JUN 16 AM 9:01
DIVISION OF CORPORATIONS