

L13 0000005304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

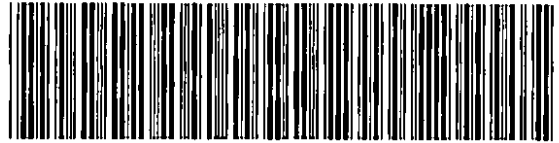
(Business Entity Name)

(Document Number)

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

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2019 OCT 21 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Y SUIKED

10/21/19

THIS DOCUMENT MAY AFFECT YOUR LEGAL RIGHTS. LEGAL ADVICE SHOULD BE  
OBTAINED IN THE DRAFTING OF ANY LEGAL DOCUMENT.

**STATEMENT OF AUTHORITY**  
(§38-30-172, C.R.S.)

1. This Statement of Authority relates to an entity<sup>1</sup> named  
Great Home Improvements LLC
2. The type of entity is a:  

<input type="checkbox"/> corporation	<input type="checkbox"/> registered limited liability partnership
<input type="checkbox"/> nonprofit corporation	<input type="checkbox"/> registered limited liability limited partnership
<input checked="" type="checkbox"/> limited liability company	<input type="checkbox"/> limited partnership association
<input type="checkbox"/> general partnership	<input type="checkbox"/> government or governmental subdivision or agency
<input type="checkbox"/> limited partnership	<input type="checkbox"/> trust
<input type="checkbox"/>	
3. The entity is formed under the laws of Florida
4. The mailing address for the entity is 9201 Barrington Lane, Port Richey, Florida 34668
5. The ☒ name ☒ position of each person authorized to execute instruments conveying, encumbering or otherwise affecting title to real property on behalf of the entity is majority of membership and MANGING MEMBER
6. The authority of the foregoing person(s) to bind the entity: ☒ is not limited ☐ is limited as follows:
7. Other matters concerning the manner in which the entity deals with interests in real property:  
This statement revokes the prior statement of authority filed on February 20, 2019 as that document was executed by a person who had no
8. This Statement of Authority is executed on behalf of the entity pursuant to the provisions of §38-30-172, C.R.S.
9. The Statement of Authority amends and supercedes in all respects any and all prior dated Statements of Authority executed on behalf of the entity.

Executed this 18th day of October 2019

Otga N. Milatau Dovellas  
Otga N. Milatau Dovellas

FILED  
2019 OCT 21 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE  
AUTHORITY

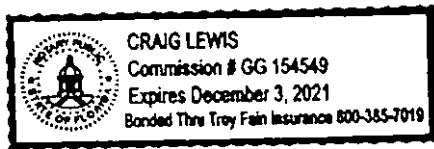
<sup>1</sup> This form should not be used unless the entity is capable of holding title to real property.  
<sup>2</sup> The absence of any limitation shall be prima facie evidence that no such limitation exists.  
<sup>3</sup> The statement of authority must be recorded to obtain the benefits of the statute.

State of Florida                         )  
  ) ss  
County of Pinellas                     )

The foregoing Statement of Authority was acknowledged before me this 18th day of October, 2019 by Olga N. Milatou Dovellos

Witness my hand and official seal.  
My commission expires:

Notary Public



WHEN RECORDED RETURN TO:

Paul H. Bowen, Esquire at P.O. Box 2067, Palm Harbor, Florida 34682