

413000024553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

*[Handwritten signature]*  
10/24/17

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lakemont Properties, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Damaris G. Claude

\_\_\_\_\_  
Name of Person

Law Offices of Damaris G. Claude

\_\_\_\_\_  
Firm/Company

2441 W. State Rd. 426, Suite 2031

\_\_\_\_\_  
Address

Oviedo, FL 32765

\_\_\_\_\_  
City/State and Zip Code

damaris@myoviedolawyer.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Damaris G. Claude

at (

321

296-3533

\_\_\_\_\_  
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: Lakemont Properties, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000024553

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

1915 KIMBRACE PL

WINTER PARK, FL 32792

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

1915 KIMBRACE PL

WINTER PARK, FL 32792

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 on 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: Cynthia Mcnerney

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: Cynthia Mcnerney

b. No authority granted to: \_\_\_\_\_

Betty E. Ryan  
Signature of authorized representative

Betty E. Ryan  
Typed or printed name of signature

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

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17 JUL 20 AM 9:55  
STATE OF FLORIDA  
TALLAHASSEE