

L13000095682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

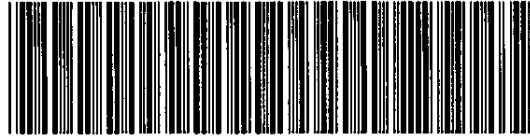
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600270253156

03/09/15--01012--008 **25.00

15 MAR -9 PM 4: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. Burch MAR 26 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAKE EUSTIS CROSSING LLC

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:

STACIE KIMBLE

Name of Person

Firm/Company

PO BOX 952

Address

UMATILLA, FL 32784

City/State and Zip Code

SKIMBLE513@YAHOO.COM

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

For further information concerning this matter, please call:

STACIE KIMBLE

407

721-1873

Name of Person

at (_____) _____

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: LAKE EUSTIS CROSSING LLC

SECOND: The Florida Document Number of the limited liability company is: L13000095682

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

39549 LAKE YALE BOAT RAMP ROAD

UMATILLA, FL 32784

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

PO BOX 952

UMATILLA, FL 32784

FILED
15 MAR -9 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: STACIE KIMBLE OR RUTH ECKMAN

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: STACIE KIMBLE OR RUTH ECKMAN

b. No authority granted to:

Stacie Kimble
Signature of authorized representative

STACIE KIMBLE
Typed or printed name of signature

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