

L13 000 148451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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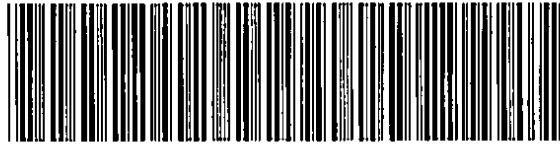
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Statement
of
Authority

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: FLYING GOPHERS, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000148451

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

2350 SW 26 AVE

FT LAUDERDALE, FL 33312

The mailing address of the limited liability company's principal office is:
c/o Suzanne Duff, attorney-in-fact

8924 SW 42nd Place

Gainesville, FL 32608

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: SUZANNE DUFF, as attorney-in-fact for Charles R. Slater
sole member

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: SUZANNE DUFF, as attorney-in-fact for
Charles R. Slater, sole member

b. No authority granted to: _____

Suzanne Duff, attorney-in-fact
Signature of authorized representative for Charles Slater

Suzanne Duff
Typed or printed name of signature

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

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