

L13000154063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

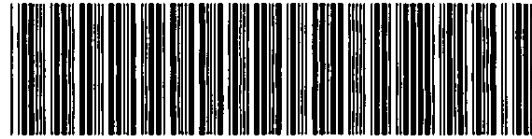
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 25 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Georgia Rentals, 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:

Lynn B. Aust

Name of Person

Lynn B. Aust, PL

Firm/Company

1220 E. Livingston St.

Address

Orlando, FL 32803

City/State and Zip Code

doveattorney@austlaw.biz

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

For further information concerning this matter, please call:

Lynn Aust

Name of Person

at ( 407 ) 447-5399

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

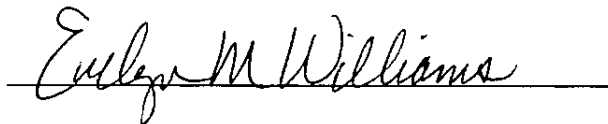
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

## STATEMENT OF AUTHORITY

I, Evelyn M. Williams, Authorized Member for Georgia Rentals, LLC (hereinafter "Company"), with the principal and mailing address of 12620 Belcroft Drive, Riverview, FL 33579, state the authority granted for the following person and position:

1. Evelyn M. Williams, Authorized Member of the Company, has the sole and absolute authority to:
  - a. Execute an instrument transferring real property held in the name of the Company; and
  - b. Enter into other transactions on behalf of, or otherwise act for or bind, the Company.

This Statement of Authority is effective as of this 15<sup>th</sup> day of February, 2014.



Evelyn M. Williams, Authorized Member

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