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SECRETARY OF STATE
TALL ANIASSEE FLORIDA

· COVER LETTER	
TO: Registration Section Division of Corporations	
AFFORDABLE TIRE, AUTO REPAIRS & SERVICE, 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:	
Douglas A. Peebles, Esq.	
Name of Person	
Peebles Law Firm, P.A.	
Firm/Company	
1201 - 6th Avenue West, Suite 505	16 38 38
Address	CREA
Bradenton, FL 34205	FIL AUG - RETAR AHASS
City/State and Zip Code	m with
dap@dpeebles.com	F STA
E-mail address: (to be used for future annual report notification)	28 RIDA
For further information concerning this matter, please call:	
Douglas A. Peebles, Esq. 941 742-6611	
Name of Person Area Code Daytime Telepho	one 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

CR2E138 (2/14)

STATEMENT OF AUTHORITY

authority:	of the limited liability company is:			
	TIRE, AUTO REPAIRS & SERVICE, LLC			
SECOND: The Flo	orida Document Number of the limited liability company is:	92		
	address of the limited liability company's principal office is:			
BRADE	NTON, FL 34208	-		
	ing address of the limited liability company's principal office is:	_		
BRADE	NTON, FL 34208	-		
 		-		
	atement of authority grants or sets limitations of authority on all persons havir in a company, whether as a member, transferee, manager, officer or otherwise ving:			
1. May e	xecute an instrument transferring real property held in the name of the compa	ny.		
a.	Granted to: Ernest Johnson	- ALL SECT	ਲ	
	Anne Marcille	_ _ _ _ _ _ _ _	Š	٦
b.	No authority granted to: Michael Johnson	NRY OF STA SSEE, FLOO	-3 PH 3:	[
2. May e	enter into other transactions on behalf of, or otherwise act for or bind, the com	pany. OF	28	
a.	Granted to:	_		
	Anne Marcille			
b.	No authority granted to: Michael Johnson	- -		
<u> </u>	Ernest Johnson	_		
Signature of authoris	zed representative Typed or printed name	of signature	-	
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)			

CR2E138 (2/14)