

L14000036704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 01 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pelican Properties of SW Florida, 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:

Kathleen K. Holloway
Name of Person

Pelican Properties of SW Florida, LLC
Firm/Company

6792 Compton Lane North
Address

Naples, FL 34104
City/State and Zip Code

kathleenkholloway@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen K. Holloway at (239) 821-4790
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: Pelican Properties of SW Florida, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000036704

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

6792 Compton Lane North

Naples, FL 34104

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

6792 Compton Lane North

Naples, FL 34104

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.

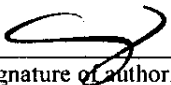
a. Granted to: Kathleen K. Holloway and John Holloway

b. No authority granted to: Any person or entity other than Kathleen K. Holloway
or John Holloway

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company

a. Granted to: Kathleen K. Holloway and John Holloway

b. No authority granted to: Any person or entity other than Kathleen K. Holloway
or John Holloway


Signature of authorized representative

Kathleen K. Holloway

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

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