

L14000065109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

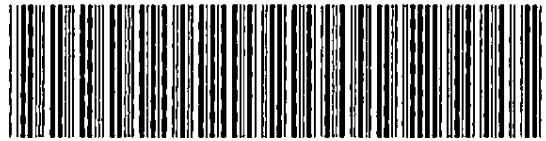
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TALLAHASSEE, FLORIDA



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Forest Lakes Lot 52 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:

Linda Velasco
Name of Person

Forest Lakes Lot 52, LLC
Firm/Company

24 Lake Trail Ln
Address

Santa Rosa Beach, FL 32459
City/State and Zip Code

live lasco@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Velasco at (651) 216-6102
Name of Person Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Forest Lakes Lot 52 LLC

SECOND: The Florida Document Number of the limited liability company is: L14000065709

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

24 Lake Trail Ln
Santa Rosa Beach, FL 32459

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

24 Lake Trail Ln
Santa Rosa Beach, FL 32459

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 specified person on the following:

1. May execute an instrument transferring real property held in the name of the company:

a. Granted to: Michael Fiston

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: Michael Fiston

b. No authority granted to: _____

Linda Velasco
Signature of authorized representative

Linda Velasco
Typed or printed name of signature

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

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24 FEB 27 AM 9:21
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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OVER →