119000072691

(Re	questor's Name)	
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	> #)
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
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PECELIARY OF STATE ALLAHASSEE, FLORIDA

JUL - 3 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:		
Name of Lim	ited Liability Comp	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are su	abmitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Jeffrey Thomas		·
Name of Person		
Thomas Property Maintenance LLC		
Firm/Company		
9317 Birmingham Drive		
Address	<u>, , , , , , , , , , , , , , , , , , , </u>	
Palm Beach Gardens, FL 33410		
City/State and Zip Code		
thomaspropertymaintenance@gmail.cor	n	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, please	call:	
Jeffrey Thomas	561	644-3088
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 line authority:	nited liability company submits the following statement of
FIRST: The name of the limited liability company is:	Thomas Propery Maintenance LLC
SECOND: The Florida Document Number of the limite	ed liability company is: L14000072691
THIRD: The street address of the limited liability comp 9317 Birmingham Drive	• •
	THAHAM T
The mailing address of the limited liability co	mpany's principal office is:
Palm Beach Gardens, FL 33410	ATE ORIOA
FOURTH: This statement of authority grants or sets lin position of a person in a company, whether as a member person on the following: 1. May execute an instrument transferring real a. Granted to: Jeffrey Thomas	, transferee, manager, officer or otherwise or to a specific
b. No authority granted to:	eth Marshall
2. May enter into other transactions on behalf a. Granted to:	f of, or otherwise act for or bind, the company.
b. No authority granted to:	eth Marshall
Eurskall	Elizabeth Marshall
Signature of authorized representative Filing Fee: Certified C	Typed or printed name of signature \$25.00 opy: \$30.00 (optional)

CR2E138 (2/14)