

L14 000091163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

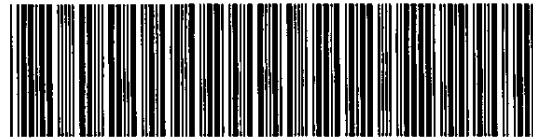
(Business Entity Name)

(Document Number)

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# Hersch & Associates, P.A.

ATTORNEYS AT LAW

LARRY S. HERSCH  
E-MAIL: Larry@herschlaw.com

MATTHEW E. MAGGARD  
E-MAIL: Matt@herschlaw.com

MAIN OFFICE:  
12249 U.S. HIGHWAY 301  
DADE CITY, FLORIDA 33525  
PHONE: (352) 567-2442  
FAX: (352) 567-2475

REPLY TO:  
POST OFFICE BOX 1046  
DADE CITY, FLORIDA 33526

SATELLITE OFFICE:  
38066 DAUGHTERY ROAD  
ZEPHYRHILLS, FLORIDA 33540  
PHONE: (813) 715-0742

December 1, 2016.

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

RE: C & J Transport Services, LLC, a Florida limited liability company

Dear Sir or Madam:

Enclosed is the original 2-page Statement of Authority signed by the appropriate Managers, along with our firm's Real Estate Trust Check No. 1482, in the amount of \$25.00, which is the fee associated with the filing of the above document with the State.

Thanking you, I remain

Sincerely,

  
\_\_\_\_\_  
Larry S. Hersch

LSH:jls  
Enc.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 DEC 1 4:40 PM

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** C & J TRANSPORT SERVICES, LLC, a Florida limited liability company  
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:

**Carolyn E. Lane, Manager**

Name of Person

**C & J Transport Services, LLC**

Firm/Company

**19650 Old Trilby Road**

Address

**Dade City, Florida 33523**

City/State and Zip Code

**celane@embarqmail.com**

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

For further information concerning this matter, please call:

**Carolyn E. Lane**

Name of Person

at ( **352** ) **567-5162**  
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

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TALLAHASSEE, FLORIDA  
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**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: C & J Transport Services, LLC, a Florida  
limited liability company

**SECOND:** The Florida Document Number of the limited liability company is: L14000091163

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

19650 Old Trilby Road

Dade City, Florida 33523

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

19650 Old Trilby Road

Dade City, Florida 33523

**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: James A. Lane, Manager  
AND Carolyn E. Lane, Manager

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: James A. Lane, Manager  
AND Carolyn E. Lane, Manager

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

Carolyn E. Lane

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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