

L14000092489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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STATE  
TALLAHASSEE, FLORIDA

APR 22 2015

T. BROWN

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BAY CITY CUSTOMS, 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:

JACK RYAN

Name of Person

BAY CITY CUSTOMS, LLC

Firm/Company

1131 GOULD STREET

Address

Clearwater FL 33756

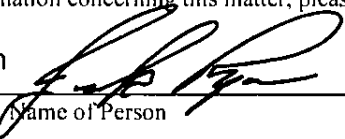
City/State and Zip Code

ryangetsmail@aol.com

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

For further information concerning this matter, please call:

Jack Ryan



Name of Person

at ( 727 )

Area Code

639-2859

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: BAY CITY CUSTOMS, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L14000092489

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

1131 GOULD STREET

CLEARWATER FL 33756

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

1131 GOULD STREET

CLEARWATER FL 33756

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TALAMHUSSEK, FLORIDA

**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.

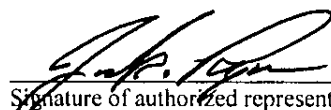
a. Granted to: Jack Ryan

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: Jack Ryan

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

  
\_\_\_\_\_  
Signature of authorized representative

Jack Ryan  
\_\_\_\_\_  
Typed or printed name of signature

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