

L14000102371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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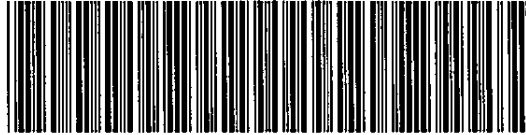
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~Block~~ APR 21 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROCKFILL ASSOCIATES, 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:

MICHAEL A. SCOTT, ESQ.

Name of Person

THE DORCEY LAW FIRM, PLC

Firm/Company

10181 SIX MILE CYPRESS PKWY, SUITE C.

Address

FORT MYERS, FL 33966

City/State and Zip Code

MIKE@DORCEYLAW.COM

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

For further information concerning this matter, please call:

MICHAEL A. SCOTT, ESQ

Name of Person

at (239)

Area Code

418-0169

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:

NAME OF LLC: ROCKFILL ASSOCIATES, LLC

THE FLORIDA LLC DOCUMENT NUMBER: L14000102371

PRINCIPAL OFFICE ADDRESS: 2700 Rockfill Rd.
Fort Myers, FL 33916

MAILING ADDRESS: P.O. Box 27
Fort Myers, FL 33916

Below is the authority given to each Member of the LLC. If a Member has unlimited authorization, the option "This Member has Unlimited Authority to Act on Behalf of the LLC" will be selected. If a Member has no authorization, the option "No Actual or Implied Authority has been Granted to this Member. This Member also has No Agency Rights/Powers to Act on Behalf of the LLC" will be selected.

Pursuant to section 605.04074(2)(a), Florida Statutes, in a Manager - Managed LLC, "A member is not an agent of the limited liability company for the purpose of its business solely by reason of being a member."

MEMBERS:

Member #1

NAME: ROBERT D. HIMSCHOOT

ADDRESS: 2700 Rockfill Rd.
Fort Myers, FL 33916

- **No Actual or Implied Authority has been Granted to this Member. This Member also has No Agency Rights/Powers to Act on Behalf of the LLC.**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Member #2

NAME: MICHAEL D. HIMSCHOOT

ADDRESS: 2700 Rockfill Rd.
 Fort Myers, FL 33916

- No Actual or Implied Authority has been Granted to this Member. This Member also has No Agency Rights/Powers to Act on Behalf of the LLC.

Member #3

NAME: PAULA HIMSCHOOT

ADDRESS: 2700 Rockfill Rd.
 Fort Myers, FL 33916

- No Actual or Implied Authority has been Granted to this Member. This Member also has No Agency Rights/Powers to Act on Behalf of the LLC.

Member #4

NAME: THERESA L. HIMSCHOOT-MITCHELL

ADDRESS: 2700 Rockfill Rd.
 Fort Myers, FL 33916

- No Actual or Implied Authority has been Granted to this Member. This Member also has No Agency Rights/Powers to Act on Behalf of the LLC.

Member #5

NAME: E. BRUCE STRAYHORN

ADDRESS: 2700 Rockfill Rd.
 Fort Myers, FL 33916

- No Actual or Implied Authority has been Granted to this Member. This Member also has No Agency Rights/Powers to Act on Behalf of the LLC.

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Below is the authority given to the Managers of the LLC. If a Manager has unlimited authorization, the option "This Manager has Unlimited Authority to Act on Behalf of the LLC" will be selected. If a Manager has no authorization, the option "No Actual or Implied Authority has been Granted to this Manager. This Manager also has No Agency Rights/Powers to Act on Behalf of the LLC."

MANAGERS

Manager #1

NAME: _____ ROBERT D. HIMSCHOOT _____

SPECIFIC TITLE: _____ MANAGER _____

ADDRESS: _____ 2700 Rockfill Rd. _____
_____ Fort Myers, FL 33916 _____

- This Manager has Unlimited Authority to Act on Behalf of the LLC.

Manager #2

NAME: _____ MICHAEL D. HIMSCHOOT _____

SPECIFIC TITLE: _____ MANAGER _____

ADDRESS: _____ 2700 Rockfill Rd. _____
_____ Fort Myers, FL 33916 _____

- This Manager has Unlimited Authority to Act on Behalf of the LLC.

Manager #3

NAME: _____ THERESA L. HIMSCHOOT-MITCHELL _____

SPECIFIC TITLE: _____ MANAGER _____

ADDRESS: _____ 2700 Rockfill Rd. _____
_____ Fort Myers, FL 33916 _____

- No Actual or Implied Authority has been Granted to this Manager. This Manager also has No Agency Rights/Powers to Act on Behalf of the LLC.

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Manager #4

NAME: RICHARD N. MILLSPAUGH

SPECIFIC TITLE: MANAGER

ADDRESS: 2700 Rockfill Rd.
Fort Myers, FL 33916

- He/She has authority to Enter into Contract(s) for the Maintenance/ Improvement of Real Property.
- He/She has authority to Use the LLC Debit/Credit Cards and/or other instruments of payment on behalf of the LLC.
- He/She has authority to Enter into Contract(s) for the Purchase of Supplies.
- He/She has authority to Enter into Contract(s) for the Purchase of Material(s).
- He/She has authority to Enter into Contract(s) for the Purchase of Merchandise.
- He/She has authority to Enter into Contract(s) for the Purchase of Services.
- He/She has authority to Enter into Contract(s) for the Sale of the LLC's Supplies.
- He/She has authority to Enter into Contract(s) for the Sale of the LLC's Material(s).
- He/She has authority to Enter into Contract(s) for the Sale of the LLC's Merchandise.
- He/She has authority to Enter into Contract(s) for the Sale of the LLC's Services.
- He/She has unlimited authority to Act on Behalf of the LLC on all Matters Regarding the Department of Environmental Protection (DEP) including any Filing and Correspondence.

SPECIFIC RESTRICTIONS

Below are specific restrictions given to a Member, Manager, or Employee.

The individuals below are restricted from the following:

Name: THERESA L. HIMSCHOOT-MITCHELL

Restrictions: NO AUTHORITY

Name: _____

Restrictions: _____

Name: _____

Restrictions: _____

If more space was needed, a separate sheet(s) of paper will be attached to the back of this form.

ROCKFILL ASSOCIATES, LLC;

By: 

Print Name: HIMSCHOOT, ROBERT D

Title: _____MANAGER_____

By: 

Print Name: HIMSCHOOT, MICHAEL D

Title: _____MANAGER_____