

L14000109093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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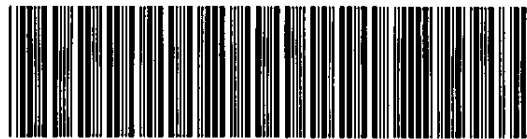
(Business Entity Name)

(Document Number)

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Legal Counsel.

DINSMORE & SHOHL LLP
255 East Fifth Street ^ Suite 1900 ^ Cincinnati, OH 45202
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CHRISTOPHER M. HAMMOND
(513) 977-8401 (DIRECT) ^ (513) 977-8141 (FAX)
CHRISTOPHER.HAMMOND@DISMORE.COM

July 11, 2014

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

RE: Certified copy of filed Statement of Authority
Lars Properties Florida, LLC

Dear Sir or Madam:

Enclosed is an original and a copy of a Statement of Authority for filing in the above referenced entity. Please note, enclosed is a check in the amount of \$30.00 for filing said document and **returning a CERTIFIED copy of said document to us**. We have enclosed a stamped self-addressed envelope for your convenience. Please let me know if you need anything further.

Sincerely,

A handwritten signature in black ink, appearing to read "C. Hammond", written over a horizontal line.

Christopher M. Hammond

/plb

Enclosure

4572916v1

COVER LETTER

TO:

Registration Section
Division of Corporations

Lars Properties Florida, LLC

SUBJECT:

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:

Christopher M. Hammond, Esq.

Name of Person

Dinsmore & Shohl LLP

Firm/Company

255 E. Fifth St. Ste. 1900

Address

Cincinnati, Ohio 45202

City/State and Zip Code

christopher.hammond@dinsmore.com

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

For further information concerning this matter, please call:

Christopher M. Hammond, Esq.

513

977-8401

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

MAILING ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301
P.O. Box 6327
Tallahassee, Florida 32314

CR2E138 (2/14)

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: Lars Properties Florida, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000109093

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

6512 Midnight Pass Road

Siesta Key, FL 34242

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

6512 Midnight Pass Road

Siesta Key, FL 34242

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: Donald D. Larson; Greg Larson.

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: Donald D. Larson; Greg Larson.

b. No authority granted to: _____


Signature of authorized representative

Donald D. Larson

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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