

L14000153088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

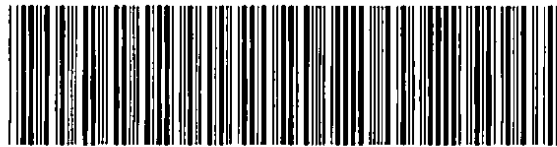
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: YRR, 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:

SARAH S. WALTON

Name of Person

PHILIP A. BATES, P.A.

Firm/Company

25 WEST CEDAR STREET, SUITE 550

Address

PENSACOLA, FL 32502

City/State and Zip Code

SWALTON@PHILIPBATES.NET

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

For further information concerning this matter, please call:

SARAH S. WALTON

Name of Person

at ( 850 )

Area Code

470-0091

Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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REGISTRATION SECTION  
DIVISION OF CORPORATIONS

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: YRR, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000153088

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

2605 SEMORAN DRIVE

PENSACOLA, FL 32503

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

2605 SEMORAN DRIVE

PENSACOLA, FL 32503

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: GARRETT W. WALTON

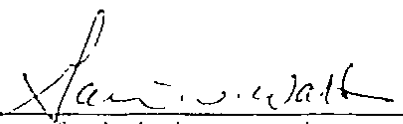
b. No authority granted to: ANY OTHER

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: GARRETT W. WALTON

b. No authority granted to: ANY OTHER

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DIVISION OF CLERK OF COURT  
CLERK OF COURT

  
Signature of authorized representative

GARRETT W. WALTON  
Typed or printed name of signature

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