

L/15000034975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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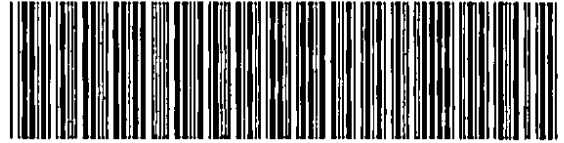
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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MAR - 2 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BULLOCK ENTERPRISES, 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:

Charles W. Cramer

Name of Person

CRAMER, PRICE & DE ARMAS, P.A.

Firm/Company

1411 EDGEWATER DR., STE 200

Address

ORLANDO, FL 32804

City/State and Zip Code

cramer@cramerprice.com

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

For further information concerning this matter, please call:

Robert D. Bullock

Name of Person

at ( 407 ) 739-2062

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

# CRAMER, PRICE & de ARMAS, P.A.

ATTORNEYS AT LAW

1411 EDGEWATER DRIVE, SUITE 200  
ORLANDO, FLORIDA 32804

CHARLES W. CRAMER\*  
R. DAVID de ARMAS  
STEPHEN H. PRICE  
CHAD A. SHIMEL

\*ALSO ADMITTED IN GEORGIA

(407) 843-3300  
FAX (407) 843-6300  
WWW.CRAMPRIICE.COM

OF COUNSEL: PHILIP A. THARP  
1939-2003

February 5, 2018

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Statement of Authority  
Bullock Enterprises, LLC  
Doc #L15000034975  
CPD file reference: 18016

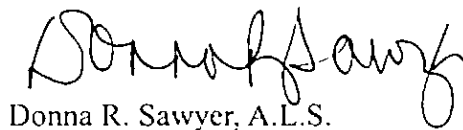
Dear Registration Representative:

Please find enclosed our firm check in the amount of \$55.00 for one (1) certified copy of the Statement of Authority for the Bullock Enterprises, LLC, a Florida limited liability company.

Also enclosed is a return envelope for your convenience in returning the certified copy back to this office.

Thank you for your assistance and cooperation in this request.

Yours very truly,



Donna R. Sawyer, A.L.S.

DRS/bms  
enclosures

# 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: BULLOCK ENTERPRISES, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L15000034975

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

1831 Biscayne Drive

Orlando, FL 32804

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

1831 Biscayne Drive

Orlando, FL 32804

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TALLAHASSEE, 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: ROBERT BULLOCK

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: ROBERT BULLOCK

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

Robert D. Bullock  
Signature of authorized representative

Robert D. Bullock  
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)