L15000063890

(Re	equestor's Name)	
(Ac	ddress)	
(* 12		
(Ac	ddress)	
(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL.
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER . . .

TO: Registration Section Division of Corporations			
Old Pensacola Properties,	, LLC		
SUBJECT: Name of	f Limited Liability Com	pany	
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	:	
Selina M. Bryant			
Name of Person			
Emmanuel, Sheppard & Condon, P.	Α.		
Firm/Company			
30 S. Spring Street			
Address			
Pensacola, FL 32502			
City/State and Zip Code			
sbryant@esclaw.com			
E-mail address: (to be used for future a	innual report notification	n)	
For further information concerning this matter, p	olease call:		
Selina M. Bryant	850 at (444-3821	
Name of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registrat Division P.O. Box	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

STATEMENT OF AUTHORITY ...

		
COND:	The Florida Document Number of the limited liability company is: L15000063890	
	ne street address of the limited liability company's principal office is: 0 Yoakum Court	Recor
Ре —	ensacola, FL 32505	Recording \$18 50
	The mailing address of the limited liability company's principal office is:	
	This statement of authority grants or sets limitations of authority on all persons having the status or person in a company, whether as a member, transferer, manager, officer or otherwise or to a specific	
		17 HOV 14 MILLO: 21
		17 150 14 ALL 10: 21
	This statement of authority grants or sets limitations of authority on all persons having the status of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific following: May execute an instrument transferring real property held in the name of the company. a. Granted to: Thoth W. Calvert	7 BOV 14 MI 10: 21

Signature of authorized representative

Thoth W. Calvert

Typed or printed name of signature

Filing Fee:

\$25.00

Certified Copy: \$30.00 (optional)

-Notary Acknowledgement for Statement of Authority-

STATE OF FLORIDA COUNTY OF ESCAMBIA

SAY Pro	SELINA M. BRYANT
OTARY POR	Notary Public, State of Florida
	My Comm. Expires June 22, 2021
2	Commission No. GG117476
7/2 co c (#*	(.0mm ssion 140.00111110

NOTARY PUBLIC
My Commission Expires:

[NOTARIAL SEAL]

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