## L15000069347

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
to Filing Officer:

Office Use Only





200272968862

05/26/15--01001--010 \*\*180.00

15 MAY 22 PH 4: 87

SECRETARY SE STATE TALLAHASSEE EL CONS.

RECEIVED

The same

## SUNSHINE CORPORATE & FILING SERVICES, INC.

3458 LAKESHORE DRIVE TALLAHASSEE, FLORIDA 32312 (850) 656-4724 TOLL FREE: 844-541-6792

## COVER LETTER

WALK IN
ENTITY NAME: TLC, ASC, LLC
CK #
AMOUNT: 25
PLEASE FILE THE ATTACHED AND RETURN:
X PLAIN COPY
CERTIFIED COPY
PLEASE CONTACT TINA AT 850-508-1891 FOR FURTHER INFORMATION ON THIS MATTER.
THANK YOU!

TINA GOFF, PRESIDENT

## 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: TLC ASC, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000069367

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

201 West Guava Street Lady Lake, Florida 32159

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

201 West Guava Street Lady Lake, Florida 32159

<u>FOURTH</u>: This statement of authority sets limitations of authority on the persons or entities set forth below:

The following managers, as that term is defined in section 605.0102, Florida Statutes, do not have authority to act on behalf of the limited liability company without the appropriate approvals of the Governance Board, as that term is defined in the limited liability company's Third Amended and Restated Operating Agreement, as the same may be amended or restated from time to time:

Kyle Burtnett

Robert Finnegan

Carol Harbin

Mandouh H. Zeini, M.D.

Jeffrey M. Kerina, M.D.

Signature of authorized representative

Kyle Burtnett

Typed or printed name of signature

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