

L15000146363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

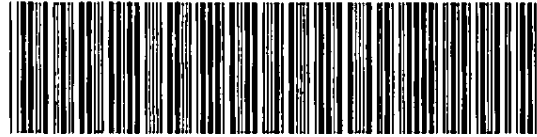
(Document Number)

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18 JAN 17 AM 9:19  
TAMPA, FLORIDA

S. WARREN

JAN 22 2018

COVER LETTER

TO: Registration Section  
Division of Corporations

LHD SERVICES LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HARVEY K DANIEL

\_\_\_\_\_  
Name of Person

LHD SERVICES LLC

\_\_\_\_\_  
Firm/Company

5550 CEMETERY RD

\_\_\_\_\_  
Address

MOUNT DORA, FLORIDA 32757

\_\_\_\_\_  
City/State and Zip Code

keithdaniel71@yahoo.com

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

For further information concerning this matter, please call:

HARVEY K DANIEL

352-

973-5868

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

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

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

LHD SERVICES LLC

FIRST: The name of the limited liability company is:

SECOND: The Florida Document number of the limited liability company is: L15000146363

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

5550 CEMETERY RD

MOUNT DORA FLORIDA 32757

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

5550 CEMETERY RD

MOUNT DORA ,FLORIDA 32757

FOURTH: The date the statement of authority became effective is: 12/4/2017

FIFTH: The statement of authority is cancelled.

*Cancel Exhibit A + Exhibit B  
See Attachment*

OR

The amendment to the statement of authority is

*[Signature]* 1/14/2018  
Signature of authorized representative  
managing member

HARVEY K DANIEL

Typed or printed name of signature

*managing member*

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED  
18 JAN 17 AM 9:19  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
FLORIDA

COVER LETTER

Cancel **Exhibit A**  
K. O.  
managing member

TO: Registration Section  
Division of Corporations

SUBJECT: LHD Services, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lucius H. Daniel, Jr.

Name of Person

LHD Services, LLC

Firm/Company

208 Sunrise Lane

Address

Eustis, FL 32726

City/State and Zip Code

harveydenise@embarqmail.com

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

For further information concerning this matter, please call:

Lucius H. Daniel, Jr.

at (407)

448-5011

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

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

Cancel **EXHIBIT B**

*Harvey K. Daniel*  
managing member

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: LHD Services, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000146363

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

208 Sunrise Lane

Eustis, FL 32726

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

208 Sunrise Lane

Eustis, FL 32726

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: Lucius H. Daniel, Jr. Manager/Registered Agent

b. No authority granted to: Harvey K. Daniel

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

a. Granted to: Lucius H. Daniel, Jr. Manager/Registered Ager

b. No authority granted to: Harvey K. Daniel

*Lucius H. Daniel, Jr.*  
Signature of authorized representative

Lucius H. Daniel, Jr.  
Typed or printed name of signature

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

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17 DEC -4 AM 12:43  
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