115000151984

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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COVER LETTER OF THE PROPERTY O
FO: Registration Section Division of Corporations
Goal Setter Construction 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:
Gary D. Green
Name of Person
Goal Setter Construction LLC
Firm/Company
221 Beach Road, Suite 219
Address
Sarasota, Florida 34242

gdgreen@me.com

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

For further information concerning this matter, please call:

City/State and Zip Code

Gary D. Green at (513- 702-1000

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

STATEMENT OF AUTHORITY

authority:	section 605.0302(1), Florida Statutes, this limited liability company submits the following	ig statement	of
FIRST: T	the name of the limited liability company is: Goal Setter Construction LLC		
SECOND:	The Florida Document Number of the limited liability company is: L15000151984		
THIRD: 1	The street address of the limited liability company's principal office is: 21 Beach Road		
S	suite 219		
S	arasota, FL 34242		
	The mailing address of the limited liability company's principal office is:		
S	uite 219		
S	arasota, FL 34242		
1,	May execute an instrument transferring real property held in the name of the company. a. Granted to: Barry Nelson		
	b. No authority granted to:		
	and the second s		
2.	May enter into other transactions on behalf of, or otherwise act for or bind, the compared a. Granted to: Barry Nelson	- H- BY	
ı	b. No authority granted to:	P II: 26	C
M	Gary D. Green		
Signature o	f authorized representative Typed or printed name of s Filing Fee: \$25.00	ignature	
U	Certified Copy: \$30.00 (optional)		