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K. SALY



January 8, 2018

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Broadway Pet Grooming Spa, LLC

Document Number 47-5056243

To Whom It May Concern:

Enclosed with my letter, please find this firm's check in the amount of \$55.00 (\$25.00 filing fee, \$30.00 certified copy fee) for filing of the enclosed Statement of Authority. Please return the certified copy to my attention at the address listed below.

Thank you for your assistance. Should you have any questions or require additional information, please do not hesitate to contact me at the number listed below.

Sincerely,

Anita Geraci-Carver

a Lewei Cower

AGC/dd

Enclosures

COVER LETTER

	egistration Section Division of Corporations			
SUBJECT	Broadway Pet Grooming Spa, LL	С		
SUBJECT	Name of Limited	Liability Com	pany	
Dear Sir o	r Madam:			
The enclos	sed Statement of Authority and fee(s) are submi	itted for filing.		
Please retu	um all correspondence concerning this matter to	the following	;;	
Anita G	ieraci-Carver			•
	Name of Person		•	_
Law Of	fice of Anita Geraci-Carver, P.A.			
•	Firm/Company		-	
1560 B	loxam Avenue			
	Address		-	
Clermo	nt, FL 34711			
	City/State and Zip Code		-	
donna@	@agclaw.net			
F	E-mail address: (to be used for future annual re	port notification	en)	
For furthe	er information concerning this matter, please ca	II:		
Donna	Divine	352	243-2801	

STREET/COURIER ADDRESS:

Name of Person

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

MAILING ADDRESS:

Area Code

Daytime Telephone Number

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

CR2E138 (2/14)

STATEMENT OF AUTHORITY

	605.0302(1), Florida Statutes, this limited liability cor		əf
FIRST: The name	of the limited liability company is: Broadway Pe	t Grooming Spa, LLC	
SECOND: The F	lorida Document Number of the limited liability compa	any is: 47-5056243	
THIRD: The stree	et address of the limited liability company's principal on Street	office is:	01/10
Clermo	ont, FL 34711		なっ
	illing address of the limited liability company's principas above	oal office is:	7
<u></u>			
position of a perso person on the follo	statement of authority grants or sets limitations of author in a company, whether as a member, transferce, majowing: execute an instrument transferring real property held a. Granted to: Catherine Lund and Brandi L	in the name of the company.	ic
	b. No authority granted to:		
2. Ma	y enter into other transactions on behalf of, or otherwing a. Granted to:	se act for or bind, the company.	
	b. No authority granted to:		
Signature of auth	sexe Scarce Filing Fee: \$25.00 Certified Copy: \$30.00	(optional)	_