

**L15000K04201**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

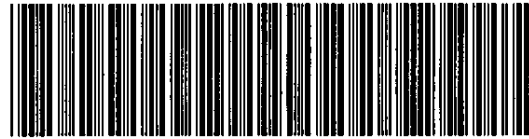
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**300297895233**

04/18/17--01019--003 \*\*25.00

FILED

17 APR 18 AM 9:34

O SIMMONS

APR 19 2017

**JEB T. BRANHAM**

Attorney at Law

April 17, 2017

*Via FedEx*

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

700298128757  
04/18/17--01019--004 \*\*90.00

Re: *B.A.M.M., LLC* - L15000164201

Dear Sir or Madam:

Enclosed is this firm's check in the amount of \$90.00 made payable to Florida Department of State. Please send us a certified copy of each of the following documents in the enclosed, self-addressed FedEx envelope, regarding *B.A.M.M., LLC*:

- (1) 9/28/15 Florida Limited Liability
- (2) 9/1/16 LC Amendment
- (3) 11/2/16 LC Amendment

Please do not hesitate to contact us with any questions.

Sincerely,

  
Jeb T. Branham

JTB/jtb  
Enclosure

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** B.A.M.M., 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:

Jeb T. Branham, Esq.

Name of Person

Jeb T. Branham, P.A.

Firm/Company

3500 3rd Street South

Address

Jacksonville Beach, FL 32250

City/State and Zip Code

alecbmorgan@gmail.com

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

For further information concerning this matter, please call:

Jeb T. Branham, Esq.

Name of Person

at (

904

Area Code

339-0500

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

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: B.A.M.M., LLC

**SECOND:** The Florida Document Number of the limited liability company is: L15000164201

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

2057 Edgewater Drive

Clearwater, FL 33755

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

1820 Peachtree Road, Unit 114

Atlanta, GA 30309

**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.

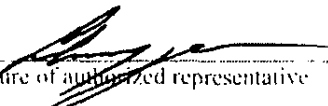
a. Granted to: William C. McCarroll and Alec B. Morgan

b. No authority granted to: \_\_\_\_\_

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

a. Granted to: William C. McCarroll and Alec B. Morgan

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

Alec B. Morgan

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

17 APR 18 AM 9:34

71169