

L15000168267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

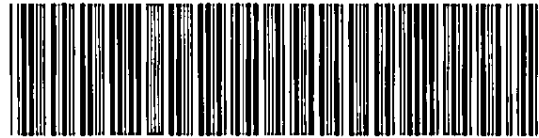
(Document Number)

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

Special Instructions to Filing Officer:

name Reilsg, LLC

Office Use Only



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06/29/17--01026--005 \*\*25.00

17 AUG 18 PM 4:33  
S. WARREN  
AUG 22 2017

S. WARREN

AUG 22 2017



BOYETTE  
CUMMINS  
& NAILOS  
ATTORNEYS AT LAW

MICHELLE C. BOTTEX  
K. WADE BOYETTE, JR.  
KENNETH B. COSTELLO  
CYNTHIA G. CRIDER  
NORMAN C. CUMMINS  
AILEEN R. MAZANETZ  
HEATH B. NAILOS  
KRISTIN CUMMINS NAILOS  
TRAVIS J. STULZ

August 21, 2017

**VIA FEDEX**

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

Re: **REILSG, LLC**

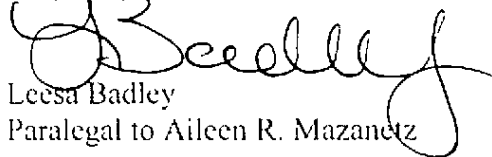
To whom it may concern:

On June 28, 2017 we submitted a Statement of Authority and check in the amount of \$25.00 for the above referenced Limited Liability Company.

Enclosed please find the revised Statement of Authority for filing. I assumed that the check previously sent will suffice as payment.

If you have any questions or concerns, please do not hesitate to contact me.

Very truly yours,

  
Leesa Badley  
Paralegal to Aileen R. Mazanetz

Cc: Clients (via e-mail only)

Enclosures: Revised Statement of Authority

RECEIVED  
2017 AUG 22 PM 12:54  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

SW



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 30, 2017

THOMAS CLARK  
2133 MEDINA HILLS LANE  
MASCOTTE, FL 34753

SUBJECT: REILSG, LLC  
Ref. Number: L15000168267

We have received your document for REILSG, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

NAME ON DOCUMENT MUST MATCH NAME AS IT APPEARS IN SUNBIZ -  
ENTITY NAME IS CURRENTLY REILSG, LLC

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 817A00013378

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** REILSG, 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:

Thomas Clark

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

REILSG, LLC

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

2133 Medina Hills Lane

\_\_\_\_\_  
Address

Mascotte, Florida 34753

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

tcclark@realtyexecutives.com

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

For further information concerning this matter, please call:

Thomas Clark

352

874-3430

at (

\_\_\_\_\_  
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

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: REILSG, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000168267

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

2133 Medina Hills Road

Mascotte, Florida 34753

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

2133 Medina Hills Road

Mascotte, Florida 34753

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.

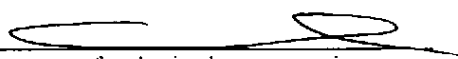
a. Granted to: Thomas Clark

b. No authority granted to: Michael Ramos, Donald Haven

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

a. Granted to: Thomas Clark

b. No authority granted to: Michael Ramos, Donald Haven

  
Signature of authorized representative

Thomas Clark  
Typed or printed name of signature

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

FILED  
27 AUG 18 PM 4:33  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA