

L15000 177282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

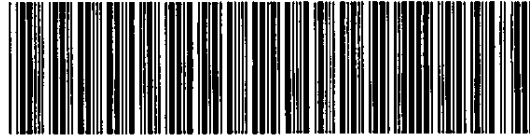
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700279505947

12/10/15--01008--012 **25.00

2015 DEC 10 PM 12:56
TALLAHASSEE, FLORIDA

DEC 11 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 17699 SUMMERLIN ROAD, 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:

MICHAEL SCOTT

Name of Person

DORCEY LAW FIRM

Firm/Company

10181 SIX MILE CYPRESS PKWY, SUITE C

Address

FORT MYERS, FL 33966

City/State and Zip Code

MIKE@DORCEYLAW.COM

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

For further information concerning this matter, please call:

MICHAEL SCOTT

Name of Person

at 239

Area Code

418-0169

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:

NAME OF LLC: 17699 SUMMERLIN ROAD, LLC

THE FLORIDA LLC DOCUMENT NUMBER: L15000177282

PRINCIPAL OFFICE ADDRESS: 17699 Summerlin Road #1A, Fort Myers, FL 33908

MAILING ADDRESS: 17695 Summerlin Road, Fort Myers, FL 33908

Below is the authority given to the Managers of the LLC. If a Manager has unlimited authorization, the option "All Authorization Options Listed Below Apply to Him/Her (Unlimited Authority)" will be selected. A separate sheet of paper will be attached if a Manager has been given specific authority to an option not listed in this form.

MANAGERS

Manager #1

NAME: Jonathan Shivers

SPECIFIC TITLE: MGR

☒ All Authorization to act on behalf of the LLC, including but not limited to Options Listed Below (Unlimited Authority).

☐ He/She has Authority to Execute an Instrument Conveying (Sale/Lease) Real Property Owned by the LLC.

☐ He/She has Authority to Purchase Property in the Name of the LLC.

☐ He/She has authority to Enter into Contract(s) for the Maintenance/ Improvement of Real Property.

☐ He/She has authority to Open Bank Account(s) in Name of the LLC.

☐ He/She has authority to Close Bank Account(s) Owned by the LLC.

☐ He/She has authority to Use, Execute, Negotiate, and/or Assign LLC Debit/Credit Cards and/or other instruments of payment on behalf of the LLC.

☐ He/She has authority to Enter into Contract(s) for the Sale of the LLC's Personal Property (Ex: Vehicles/Equipment).

☐ He/She has authority to Enter into Contract(s) for the Purchase of Personal Property (Ex: Vehicles/Equipment).

FILED
2015 DEC 10 PM 12:56
JALANAS@FL108008

- ☐ He/She has authority to Enter into Contract(s) for the Purchase of Supplies.
- ☐ He/She has authority to Enter into Contract(s) for the Purchase of Material(s).
- ☐ He/She has authority to Enter into Contract(s) for the Purchase of Merchandise.
- ☐ He/She has authority to Enter into Contract(s) for the Purchase of Services.
- ☐ He/She has authority to Enter into Contract(s) for the Sale of the LLC's Supplies.
- ☐ He/She has authority to Enter into Contract(s) for the Sale of the LLC's Material(s).
- ☐ He/She has authority to Enter into Contract(s) for the Sale of the LLC's

Merchandise.

- ☐ He/She has authority to Enter into Contract(s) for the Sale of the LLC's Services.
- ☐ He/She has authority to Enter into and maintain Contract(s) for Insurance Services on behalf of the LLC.
- ☐ He/She has authority to File Annual Reports with State of Florida.
- ☐ He/She has authority to Amend Annual Reports with State of Florida.
- ☐ He/She has authority to File Statement of Authority(s) with State of Florida.
- ☐ He/She has authority to Amend/Cancel/Renew Statement of Authority(s) in State of Florida.
- ☐ He/She has authority to Amend Articles of Organization.

By: _____

Print Name: Jonathan Shivers

Title: MANAGER

FILED
2015 DEC 10 PM 12:55
CLERK OF DISTRICT COURT
JANUARY 10 2016