

LIS 000178081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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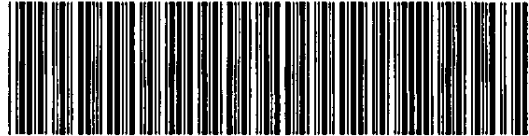
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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DEC 14 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 17697 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** at ( **239** ) **418-0169**  
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:

**NAME OF LLC: 17697 SUMMERLIN ROAD, LLC**

**THE FLORIDA LLC DOCUMENT NUMBER: L15000178081**

**PRINCIPAL OFFICE ADDRESS: 17697 Summerlin Road #1B, Fort Myers, FL 33908**

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

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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).

- ☐ 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

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