L15000187116

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COVER LETTER

TO: Registration Section Division of Corporations		
David Wayne Hardscapes, LLC SUBJECT:		
	nited Liability Company	
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
David Bennett		
Name of Person		
David Wayne Hardscapes, LLC		
Firm/Company		
477 S. Rosemary Ave, Suite 212		
Address		
West Palm Beach, FL 33401		
City/State and Zip Code		ea 2
accounting@dwhardscapes.com		Z023 FEB
E-mail address: (to be used for future annua	al report notification)	
For further information concerning this matter, pleas	100 D	
David Bennett	561 339-7688	

Area Code

Mailing Address:

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

Name of Person

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Daytime Telephone Number

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: ______ David Wayne Hardscapes, LLC L15000187116 SECOND: The Florida Document Number of the limited liability company is: THIRD: The street address of the limited liability company's principal office is: 477 S. Rosemary Ave., Suite 212 West Palm Beach, FL 33401 The mailing address of the limited liability company's principal office is: 477 S. Rosemary Ave., Suite 212 West Palm Beach, FL 33401 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. David Bennett Granted to:_ Cheryl Bennett Christine Bennett b. No authority granted to: __ Emily Slater May enter into other transactions on behalf of, or otherwise act for or bind, the company. David Bennett Chervl Bennett Granted to: Christine Bennett Emily Slater b. No authority granted to: David Bennett Signature of authorized representative Typed or printed name of signature

\$25,00

Certified Copy: \$30.00 (optional)

Filing Fee:

CR2E138 (2/14)