

L15000192719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Double L Enterprises III, 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:

Jonathan M. Smith

Name of Person

Duss, Kenney, Safer, Hampton & Joos, PA

Firm/Company

4348 Southpoint Blvd., Suite 101

Address

Jacksonville, FL 32216

City/State and Zip Code

jsmith@jaxfirm.com

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

For further information concerning this matter, please call:

Jonathan M. Smith

at (

904

543-4300

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: Double L Enterprises III, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L15000192719

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

16707 Hanna Road

Lutz, FL 32254

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

16707 Hanna Raod

Lutz, FL 32254

**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:

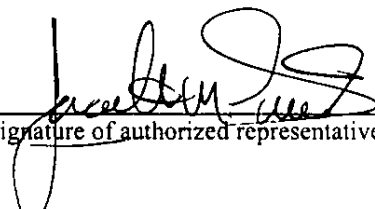
a. Granted to: Laurie Shepherd and/or Rabert A. Love, Jr

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: Laurie Shepherd and/or Robert A. Love Jr.

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

  
Signature of authorized representative

Jonathan M. Smith

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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