

L15000213626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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K. SALY
EXAMINER
JAN 19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: McLeod & McLeod, 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:

Jerry M. McLeod

Name of Person

McLeod & McLeod, LLC

Firm/Company

20718 Hwy 301 North

Address

Dade City, FL 33523

City/State and Zip Code

mike@murrellpestcontrol.com

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

For further information concerning this matter, please call:

Jerry (Mike) McLeod

at (

352

424-0885

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: McLeod & McLeod, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000213626

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

20718 North Hwy 301

Dade City, FL 33523

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

20718 North Hwy 301

Dade City, FL 33523

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: Jerry M. McLeod

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: Timothy W. McLeod

b. No authority granted to: _____

Jerry M. McLeod
Signature of authorized representative

Jerry M. McLeod
Typed or printed name of signature

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

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2016 JAN 15 PM 5:23
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA