

L16 0000 23049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

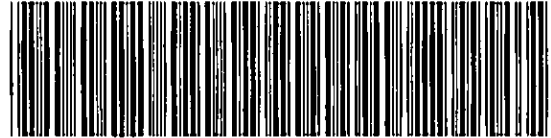
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 24 2020

TO: Registration Section
Division of Corporations

Dear Sir or Madam:

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

David R. James 770 956-1700
_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

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

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

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: DEWITT EXCAVATION, LLC

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SECOND: The Florida Document Number of the limited liability company is: L16000023049

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

14463 W. Colonial Drive

Winter Garden, FL 34787

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

14463 W. Colonial Drive

Winter Garden, FL 34787

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.

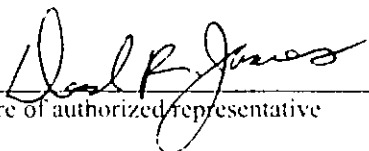
a. Granted to: Greg K. Rogers, President/CEO

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: Greg Rogers, CEO; Bradley Carroll, COO; Ernest Seoggins, VP; Fanny Farmer, Controller; Gordy Ivey, Equip.Mgr-veh./equip tags only

b. No authority granted to: _____


Signature of authorized representative

David R. James

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)