

L16 000 023049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

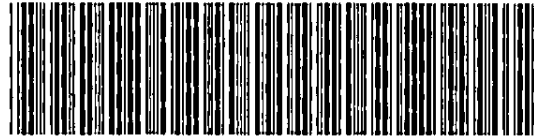
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700393542157

09/12/22--01020--013 \*\*25.00

2022 SEP 12 AM 10:27  
S. P. 10:27

DEC 20 2022

S. P. 10:27

OFFICES OF  
**WASSON, SOURS & HARRIS**

A PROFESSIONAL CORPORATION

ATTORNEYS AT LAW

300 GALLERIA PARKWAY SE

SUITE 1000

ATLANTA, GEORGIA 30339-5917

TELEPHONE NO. (770) 956-1700

September 9, 2022

**VIA FIRST CLASS MAIL**

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

Re: Statement of Authority for DEWITT EXCAVATION, LLC

Dear Sir or Madam:

Enclosed for filing is the Statement of Authority for DEWITT EXCAVATION, LLC.  
Also enclosed is my firm's check in the amount of \$25.00 for filing fee for the Statement.

Thank you for your attention to this matter. If you should have any further questions,  
please do not hesitate to call.

Sincerely,

WASSON, SOURS & HARRIS, P.C.

A handwritten signature in black ink, appearing to read "David R. James", written in a cursive style.

David R. James

Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DEWITT EXCAVATION, 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:

David R. James

\_\_\_\_\_  
Name of Person

Wasson, Sours & Harris, P.C.

\_\_\_\_\_  
Firm/Company

300 Galleria Parkway, SE, Suite 1000

\_\_\_\_\_  
Address

Atlanta, Georgia 30339

\_\_\_\_\_  
City/State and Zip Code

david.james@wshpc.net

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

For further information concerning this matter, please call:

David R. James

770 956-1700  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

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

**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

2022 SEP 12 AM 10:27

**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: Brad Carroll, President; Nate Hrinsin, VP & CFO

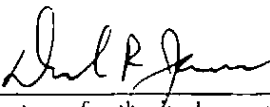
b. No authority granted to: \_\_\_\_\_

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Brad Carroll, Pres.; Nate Hrinsin, CFO; Ernest Scoggins, VP;

Fanny Farmer, Controller; Gordy Ivey, Equip. Mgr-vehicle/tags only

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

  
Signature of authorized representative

David R. James, Esq.  
Typed or printed name of signature

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