

L/LE000046354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

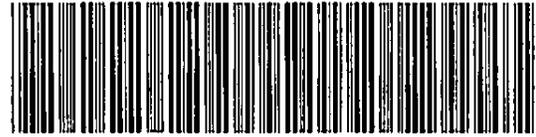
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300303310913

09/22/17--01019--015 \*\*50.00

FILED  
2017 SEP 22 PM 12:26  
FALLS CHURCH, VA

SEP 25 2017  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PRO-TECH PROPERTY SERVICES, 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:

Nancy S. Domonousky

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

Pro-Tech Property Services, LLC

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

765 Seven Gables Circle SE

\_\_\_\_\_  
Address

Palm Bay, FL 32909

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

sunshine765sky@yahoo.com

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

For further information concerning this matter, please call:

Nancy S. Domonousky

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

321

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

536-0586

\_\_\_\_\_  
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: PRO-TECH PROPERTY SERVICES, LL

SECOND: The Florida Document Number of the limited liability company is: L16000046354

THIRD: The street address of the limited liability company's principal office is:  
1110 Glendale Avenue  
Palm Bay, Florida 32907

The mailing address of the limited liability company's principal office is:  
765 Seven Gables Circle  
Palm Bay, Florida 32909

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: NANCY S. DOMONOUSKY, authorized member

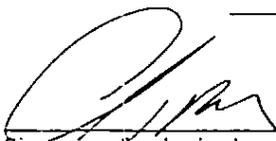
b. No authority granted to: \_\_\_\_\_

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

a. Granted to: NANCY S. DOMONOUSKY, authorized member

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

FILED  
2017 SEP 22 PM 12:26  
PALM BAY, FLORIDA

  
\_\_\_\_\_  
Signature of authorized representative

CHARLES J. BELL  
\_\_\_\_\_  
Typed or printed name of signature

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