

L16 000051123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

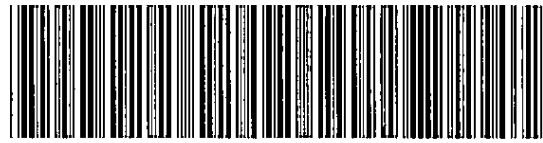
(Business Entity Name)

(Document Number)

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06/17/19--01012--006 **25.00

FILED

2019 JUN 17 PM 5:21

C. GOLDEN

JUN 27 2019

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: PLAN B VACATIONS LLC

SECOND: The Florida Document Number of the limited liability company is: L16000051123

THIRD: The street address of the limited liability company's principal office is:
1309 PINE RIDGE CIRCLE EAST A1
TARPON SPRINGS, FL 34688

The mailing address of the limited liability company's principal office is:
35246 US HWY 19 N
PMB 184
PALM HARBOR, FL 34684

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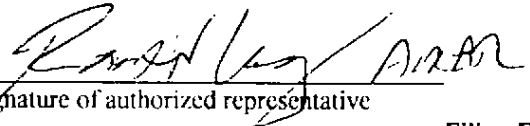
FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.
a. Granted to: ROBERT W CURRY

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: ROBERT W CURRY

b. No authority granted to: _____


Signature of authorized representative

ROBERT W CURRY, AMBR
Typed or printed name of signature

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