

L16 000051123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

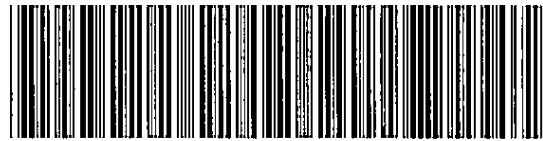
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100330393051

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

FILED

2019 JUN 17 PM 5:21

C. GOLDEN

JUN 27 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PLAN B VACATIONS 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:

**ROBERT W CURRY, AMBR**

Name of Person

**PLAN B VACATIONS LLC**

Firm/Company

**35246 US HWY 19 N, PMB 184**

Address

**PALM HARBOR, FL 34684**

City/State and Zip Code

**curryrobert35@gmail.com**

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

For further information concerning this matter, please call:

**ROBERT W CURRY, AMBR**

at ( 305 ) 906-2190

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: 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

2019 JUN 17 PM 5:21

FILED

**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.

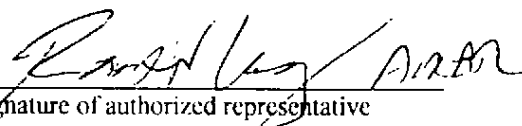
a. Granted to: ROBERT W CURRY

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)