

L16 0000 82476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

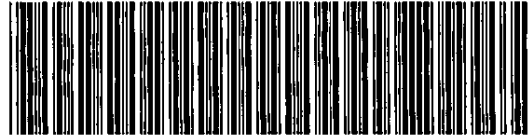
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900285895229

05/26/16--01018--024 \*\*55.00

FILED  
16 MAY 26 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 31 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Zieres Boucher, 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:

Bonnie A. Brown

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

Law Offices of Bonnie A. Brown

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

514 Colorado Avenue

\_\_\_\_\_  
Address

Stuart, Florida 34994

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

andy@icg-pa.com

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

For further information concerning this matter, please call:

BONNIE A. BROWN

at ( 772 )

221-9024

\_\_\_\_\_  
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: ZIERES BOUCHER, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L16000082476

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

2 Fieldway Drive

Sewalls Point, Florida 34996

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

P.O. Box 0538

Stuart, Florida 34995

**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: Andre J. Boucher and Melody L. Zieres

b. No authority granted to: N/A

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

a. Granted to: Andre J. Boucher and Melody L. Zieres

b. No authority granted to: N/A

  
Signature of authorized representative

ANDRE J. BOUCHER  
MELODY L. ZIERES  
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)