

L16 0000 98227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

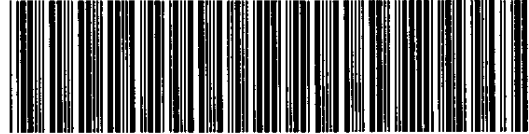
(Business Entity Name)

(Document Number)

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

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06/06/16--01020--008 \*\*25.00

16 JUN -6 AM 8:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: WAYNE HUSSEY CONSULTING, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L16000098227

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

6460 MOURNING DOVE DRIVE #501

BRADENTON, FLORIDA 34210

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

SAME

**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.

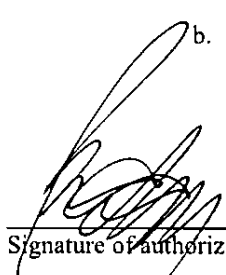
a. Granted to: WAYNE HUSSEY

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: WAYNE HUSSEY

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

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

BRADLEY W. HOGREVE, as authorized  
agent for Wayne Hussey, Manager

\_\_\_\_\_  
Typed or printed name of signature

Filing Fee: \$25.00

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