06/17/2016 FRI 13:50 FAX
Division of Corporations



## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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From:				
•	Account Name	: DEAN, MEAD, EGERTO	N, BLOODWORTH, C	APOUANO & BOZARTH, P.
	Account Number	: 076077001702		
	Phone	: (407)841-1200		26 26
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## STATEMENT OF AUTHORITY

nuthority FIRST:	The name of the limited liability company is:L & R Cumming, LLC	
SECON	D: The Florida Document Number of the limited liability company is: L16000115362	<u> </u>
THIRD	: The street address of the limited liability company's principal office is:	
	25485 U.S. Highway 19 North	
	Clearwater, FL 33763	
	The mailing address of the limited liability company's principal office is:	
	25485 U.S. Highway 19 North	
	Clearwater, FL 33763	
position	This statement of authority grants or sets limitations of authority on all persons having to of a person in a company, whether as a member, transferce, manager, officer or otherwise on the following:	r to a specific
	May execute an instrument transferring real property held in the name of the company     Granted to: Burton W. Wiand	,
	5505 W. Gray Street, Tampa, FI, 33609	
	b. No authority granted to:	SECRE
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa a. Granted to: Burton W. Wiand	JUN 17 ETARY OF
	5505 W. Gray Street, Tampa, FL. 33609	PST REC
	b. No authority granted to:	8: 30 ATE RIDA
Signatur	Lawrence H. Dimmitt Typed or printed name of Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	. III. Manager signature

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