

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOVANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407) 841-1200
Fax Number : (407) 423-1831

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: bonnick121@aol.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
L & R CUMMING, LLC

Certificate of Status	0
Certified Copy	1
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JDW 034691.064002

Electronic Filing Menu

Corporate Filing Menu

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TALLAHASSEE, FLORIDA
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2016 AUG -2 AM 9:49
TALLAHASSEE, FLORIDA
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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: L & R Cumming, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000115362

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

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: Bobby D. Johnson

4037 Ligustrum Drive, Palm Harbor, Florida 34685

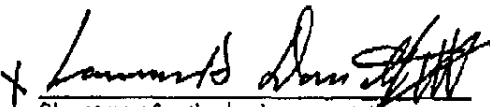
b. No authority granted to: _____

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

a. Granted to: Bobby D. Johnson

4037 Ligustrum Drive, Palm Harbor, Florida 34685

b. No authority granted to: _____


Signature of authorized representative

Lawrence H. Dimmitt, III, Manager
Typed or printed name of signature

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

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