

L17000009523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

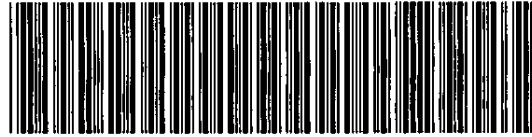
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAY 9 2017

COVER LETTER

4 MAY 2017

TO: Registration Section
Division of Corporations

SUBJECT: WASHBURN AVENUE, L.L.C.

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:

KIM CHARLES HORNBACH, ESQ.

Name of Person

KIM CHARLES HORNBACH, P.A.

Firm/Company

5455 JAEGER RD, STE B

Address

NAPLES, FL 34109-5805

City/State and Zip Code

yahl10@aol.com

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

For further information concerning this matter, please call:

KIM CHARLES HORNBACH

Name of Person

at (239)

Area Code

592-9828

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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: WASHBURN AVENUE, L.L.C.

SECOND: The Florida Document Number of the limited liability company is: L17000009523

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

2250 WASHBURN AVE

NAPLES, FL 34117

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

2250 WASHBURN AVE

NAPLES, FL 34117

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.

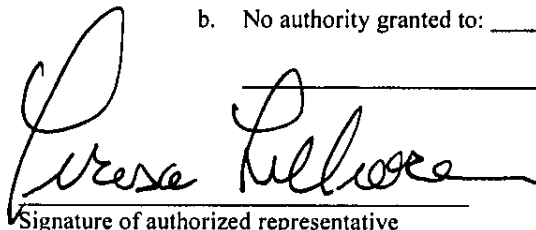
a. Granted to: TERESA FILLMORE OR JOHN FILLMORE,
INDEPENDENTLY

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: TERESA FILLMORE OR JOHN FILLMORE
INDEPENDENTLY

b. No authority granted to: _____



Signature of authorized representative

TERESA FILLMORE

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

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TALLAHASSEE, FLORIDA