

L17000080021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS

O. SIMMONS  
JUL 14 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

July 7, 2017

SUBJECT: Deline, 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:

TRACI WALKER

Name of Person

DELINE, L.L.C.

Firm/Company

8045 NW GAINESVILLE RD

Address

OCALA, FL 34475

City/State and Zip Code

traci@zipthecanyons.com

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

For further information concerning this matter, please call:

KIM CHARLES HORNBAUGH, ESQ.

239

592-9828

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: Deline, L.L.C.

SECOND: The Florida Document Number of the limited liability company is: L17000080021

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

8045 NW GAINESVILLE RD

OCALA, FL 34475

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

8045 NW GAINESVILLE RD

OCALA, FL 34475

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status 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: TRACI J. WALKER OR DAVID WALKER,  
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: TRACI J. WALKER OR DAVID WALKER  
INDEPENDENTLY

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

  
Signature of authorized representative

TRACI J. WALKER

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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DIVISION OF CORPORATIONS

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