

L17000145996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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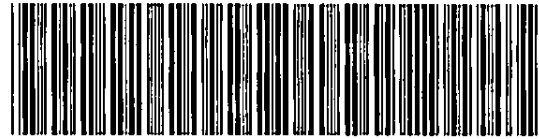
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOLLYWOOD LEASING, LLC
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:

BRIAN KENNEY

Name of Person

HOLLYWOOD LEASING, LLC

Firm/Company

2318 N 28TH AVE

Address

HOLLYWOOD, FL 33020

City/State and Zip Code

BKENNEY716@GMAIL.COM

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

For further information concerning this matter, please call:

BRIAN KENNEY

Name of Person

at

908

Area Code

902-8043

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

FILED
17 AUG 28 AM 11:49
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:

HOLLYWOOD LEASING, LLC

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

47000145996

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

2318 N 28TH AVE
HOLLYWOOD, FL 33020

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:

KENT WILSON
OFFICE MANAGER

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:

KENT WILSON
OFFICE MANAGER

b. No authority granted to:


Signature of authorized representative

BRIAN KENNEY
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)