Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

Prom:

Account Name : MATEER & HARPERT, P.A.

Account Number : 120110000087 Phone : (407)425-9044

Pax Number 1 (407)423-2016

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

Email Address: DLANDISE MATEERHARBERT COM

2017 NOV -8

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN R M SHOEMAKER & ASSOCIATES, LLC

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COVER LETTER

TO: Registration Section Division of Corporations				
R M Shoemaker & Associate	s, LLC			
	mited Liability Comp	any		
Dear Sir or Madam:				
The enclosed Statement of Authority and fee(s) are	submitted for filing.			
Please return all correspondence concerning this me	itter to the following:			
David M. Landis				
Name of Person				
Maleer & Harbert, P.A.				
Firm/Company				11
225 E. Robinson Street				A MILL
Address) 8•
Orlando, Florida 32802				7
City/State and Zip Code				4:8
dlandls@mateerharbert.com	-:.	•		64
E-mail address: (to be used for future ann	ual report notification)		
For further information concerning this matter, please	ase call:			
David M. Landis	at (425-9044		
Name of Person	Area Code	Daytime Tele	phone Nur	nber

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Conter Circle
Tallahassee, Florida 32301

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E138 (2/14)

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the follow authority:	
FIRST: The name of the limited liability company is: R M Shoemaker & Associates, I	_LC
SECOND: The Florida Document Number of the limited liability company is: L1700022118	10
THIRD: The street address of the limited liability company's principal office is: 8811 S.E. 169th Beaufort Street	_
The Villages, FL 32162	_
The mailing address of the limited liability company's principal office is: 8811 S.E. 169th Beaufort Street	_
The Villages, FL 32162	-
position of a person in a company, whether as a member, transferce, manager, officer or otherwise person on the following: 1. May execute an instrument transferring real property held in the name of the compana. Granted to: b. No authority granted to:	
2. May enter into other transactions on bobalf of, or otherwise act for or bind, the com a. Granted to: Richard M. Shoemaker, Linda B. Shoemaker	— прапу. —
b. No authority granted to:	-
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	