

L18000050764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

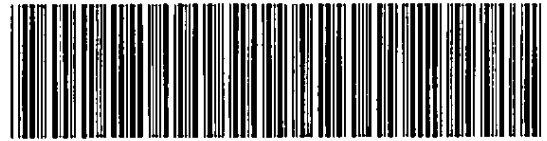
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ESW Property management LLC
Name of Limited Liability Company

L 18 000050764

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:

Sarah Walls
Name of Person

ESW Property management LLC
Firm/Company

223 Lonnie Raker Lane
Address

Crawfordville, FL 32327
City/State and Zip Code

Sarahgene @ AOL.Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Walls at (850) 508-5922
Name of Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: ESW Property management, LLC

SECOND: The Florida Document Number of the limited liability company is: 18000050764

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

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

223 Lennie Baker Lane
Crawfordville FL 32327

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: Eugene Walls, Sarah Walls
Keith Logan

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: Eugene Walls, Sarah Walls
Keith Logan

b. No authority granted to: _____

Sarah Walls AMBR
Signature of authorized representative

SARAH WALLS
Typed or printed name of signature

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