

L18 00005Z765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

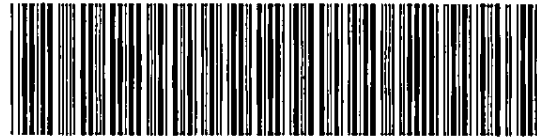
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y. SULKER
OCT 26 2020

COVER LETTER

TO: Registration Section
Division of Corporations

REW Time Shadows, LLC

SUBJECT: _____
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:

Albert Kelley

Name of Person

Albert L. Kelley, P.A.

Firm/Company

926 Truman Ave

Address

Key West, FL 33040

City/State and Zip Code

keywestlaw@gmail.com

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

For further information concerning this matter, please call:

Albert L. Kelley

305

296-0160

at (_____) _____

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: REW Time Shadoews, LLC

SECOND: The Florida Document Number of the limited liability company is: L18000052765

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

926 Truman Ave

Key West FL 33040

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

926 Truman Ave.

Key West, FL 33040

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: Alber L. Kelley

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: Albert L. Kelley

b. No authority granted to: _____



Signature of authorized representative

Albert L. Kelley

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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