

5/21/2018

Division of Corporations

LI 8000156535184

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : PMG PRIVATE CFO SERVICES  
Account Number : 120180000042  
Phone : (305)922-5584  
Fax Number : (954)337-4649

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

Email Address: aaron@pmgcfo.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GRANGER BROTHERS ENTERPRISES, LLC**

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DIVISION OF CORP.  
TALLAHASSEE, FL

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COVER LETTER

TIME SENSITIVE

TO: Registration Section  
Division of Corporations

SUBJECT: Granger Brothers Enterprises, 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:

Aaron R Parthemer

Name of Person

PMG Private CFO Services

Firm/Company

333 Las Olas Way, CU 4, Suite 402

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

aaron@pmgcfo.com

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

For further information concerning this matter, please call:

Jeffrey Granger

Name of Person

973

Area Code

699-6214

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: Granger Brothers Enterprises, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L18000065184

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

333 Las Olas Way

CU 4, Suite 402

Fort Lauderdale, FL 33301

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

333 Las Olas Way

CU 4, Suite 402

Fort Lauderdale, FL 33301

**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.

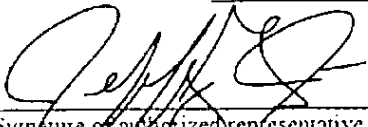
a. Granted to: Rommel Gutierrez McTurk

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: Rommel Gutierrez McTurk

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

  
Signature of authorized representative

Jeffrey Granger

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)