## 11800078570

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## **COVER LETTER**

	. gistration Section vision of Corporations			
SUBJECT:	Rhodine Lake LLC			
SOBSECT.	<del></del>	ited Liability Com	pany	
Dear Sir or	Madam:			
The enclose	d Statement of Authority and fee(s) are su	bmitted for filing.		
Please return	n all correspondence concerning this matt	er to the following	:	
	Eduardo F. Morrell, Esq.			
	Name of Person			
Morrell, P.A.				
Firm/Company				
	425 S. Florida Ave., Suite 10	1		
	Address			
	Lakeland, FL 33803			
	City/State and Zip Code			
	Emorrell@morellpa.com			
E-1	mail address: (to be used for future annua	report notification	1)	
For further information concerning this matter, please call:				
Jay Talle	ey	813	355-7204	
	Name of Person	Area Code	Daytime Telephone Number	
Reg Div Cli 266	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building 51 Executive Center Circle clahassee, 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: Rhodine Lake LLC **SECOND:** The Florida Document Number of the limited liability company is: <u>L1800</u>0078570 THIRD: The street address of the limited liability company's principal office is: 4143 Moores Lake Road Dover, FL 33527 The mailing address of the limited liability company's principal office is: 4143 Moores Lake Road Dover, FL 33527 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: C. Dennis Carlton b. No authority granted to: 2. May enter into other transactions on behalf of, or otherwise act for or bind, the company. Granted to: C. Dennis Carlton b. No authority granted to: Jay Talley of authorized representative Typed or printed name of signature \$25.00 Filing Fee: Certified Copy: \$30.00 (optional)

CR2E138 (2/14)