

L18000086958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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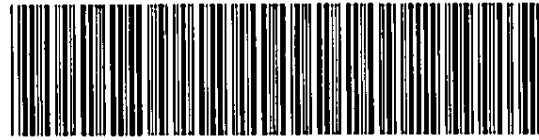
(Business Entity Name)

(Document Number)

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2018 JUN -4 -- 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tomkat Miezeliieb, 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:

Andrew J. Britton, Esq.

Name of Person

Andrew J. Britton, P.A.

Firm/Company

401 Johnson Lane, Suite 102

Address

Venice, FL 34285

City/State and Zip Code

flsuemiller@gmail.com

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

For further information concerning this matter, please call:

Andrew J. Britton, Esq. 941 408-8008
Name of Person at () 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: Tomkat Miezeliieb, LLC

SECOND: The Florida Document Number of the limited liability company is: H18000112772

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

119 Lakeview Dr.

Nokomis, FL 34275

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

119 Lakeview Dr.

Nokomis, FL 34275

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status of a position of a person in a company, whether as a member, transferee, manager, officer or otherwise or a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company

a. Granted to: Susan A. Miller

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: Susan A. Miller

b. No authority granted to: _____



Signature of authorized representative

Susan A. Miller

Typed or printed name of signature

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

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JUN -4 11 9:11
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