

L18 000 167 990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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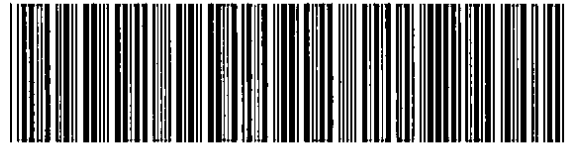
(Business Entity Name)

(Document Number)

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I ALBRITTON

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: J N SWFL 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:

DAVID A. DUNKIN

\_\_\_\_\_  
Name of Person

DUNKIN AND SHIRLEY, PA

\_\_\_\_\_  
Firm/Company

170 WEST DEARBORN STREET

\_\_\_\_\_  
Address

ENGLEWOOD, FL 34223

\_\_\_\_\_  
City/State and Zip Code

a1@dunkinshirley.com

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

For further information concerning this matter, please call:

David A. Dunkin

\_\_\_\_\_  
Name of Person

941

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

474-7753

\_\_\_\_\_  
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: J N SWFL LLC

SECOND: The Florida Document Number of the limited liability company is: L18000167990

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

170 West Dearborn Street

Englewood, FL 34223

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

170 West Dearborn Street

Englewood, FL 34223

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.

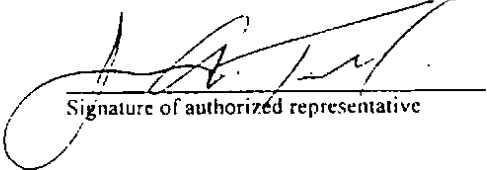
a. Granted to: JAMES TROMBI

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: JAMES TROMBI

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

  
Signature of authorized representative

JAMES A. TROMBI  
Typed or printed name of signature

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

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