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COVER LETTER

TO: **Registration Section** Division of Corporations

SUBJECT: VANNOY'S CAR WASH 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:

SALLY B. FOX

Name of Person

EMMANUEL, SHEPPARD & CONDON, P.A. Firm/Company

30 S. SPRING STREET

Address

PENSACOLA, FLORIDA 32502 City/State and Zip Code

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

at (

For further information concerning this matter, please call:

Selly Fux Name of Person

Daytime Telephone Number Area Code

4336581



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

CR2E138 (2/14)

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: <u>VANNOY'S CAR WASH LLC</u>

SECOND: The Florida Document Number of the limited liability company is: 1.18000181048

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

2252 W. MICHIGAN AVE	
PENSACQLA, FLORIDA 32526	
	<u> </u>
The mailing address of the limited liability company's principal office is:	
2252 W. MICHIGAN AVE	
PENSACOLA, FLORIDA 32526	

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:

L. May exe	scute an instrument transferring real property held in the name of the company. $\sum_{i=1}^{n} a_{i}$
a.	Granted to: JEFFREY C. VANNOY OC
	Granted to: JEFFREY C. VANNOY OF VICKI V. BEAUCHAINE (M) 400 P
b.	No authority granted to:
2. May en	ter into other transactions on behalf of, or otherwise act for or bind, the company.
a.	
	Vicki V. Beauchaine (12) All
b.	No authority granted to:
,	
1.11-00	Jeffrey C. VANNOY
Signature of authorize	ed representative Typed or printed name of signature Filing Fee: \$25.00

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

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