L18000237765

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COVER LETTER

TO: Registration Section Division of Corporations

TAUL DEVELOPMENT, LLC SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

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The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark S. Taul

Name of Person

Firm/Company

2912 Ivanhoe Road

Address

Tallahassee, FL 32312

City/State and Zip Code

twdevelopment@comcast.net

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

For further information concerning this matter, please call:

John A. Grant	850	702-9400
	at ()
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassee, 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:

SECOND: The Florida Document Number of the limited liability company is: LIS000237765

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

2912 Ivanhoe Road

Tallahassee, FL 32312

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

2912 Ivanhoe Road

Tallahassee, FL 32312

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: any Ma	inager: Mark S	S. Laul	Christine Ann Taul,	میشو مراد	è i		
	Stephen Augus	t Taul			ЧНУ	ACT.	3	ال ر
b.	No authority granted	to:			SSEF. PLA	* . <u>-</u> 		IL ED
2. May en				se act for or bind, the compa	ny.	5	2	
a.	Granted to : any M	lanager: Mark	S, Tau	I, Christine Ann Taul				
	Stephen Augus	t Taul						
b.	No authority granted	10:						
1								
	<u> </u>			Mark S. Taul				
Signature of authorize	ed representative	— Filing Fee: Certified Copy:	\$25.00 \$30.00 (Typed or printed name of optional)	signature			

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