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COVER LETTER

TO: Registration Section Division of Corporations	
WR Properties. LLC SUBJECT:	
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:	
Gwyn R. O'Neal	
Name of Person	
Firm/Company	
PO Box 2174	
Address	
Clewiston, FL 33440	
City/State and Zip Code	73 H
	2023 HAR 31 A
E-mail address: (to be used for future annual report notification)	ري - د د د د د د د د د د د د د د د د د د
For further information concerning this matter, please call:	AHII: 49
at ()	
Name of Person Area Code Daytime Tel	lephone 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

authority: FIRST: The name of the limited liability company is: WR Properties	s, LLC
SECOND: The Florida Document Number of the limited liability con	mpany is:
THIRD: The street address of the limited liability company's princip 145 NW 7 Ave	oal office is:
South Bay, FL 33493	
The mailing address of the limited liability company's princ PO Box 2174	
Clewiston, FL 33440	
FOURTH: This statement of authority grants or sets limitations of at position of a person in a company, whether as a member, transferee, moreson on the following: 1. May execute an instrument transferring real property helps. a. Granted to: Woodrow W. O'Neal, Jr. or Gwyn R	nanager, officer or otherwise or to a specific
b. No authority granted to:	الله الله الله الله الله الله الله الله
May enter into other transactions on behalf of, or otherw a. Granted to: Woodrow W. O'Neal or Gwyn R.	wise act for or bind, the company, The O'North
b. No authority granted to:	
Awar Rexu Orloal	Gwyn Renee Vinleal
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00	Typed or printed name of signature

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