

# L19000043532

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

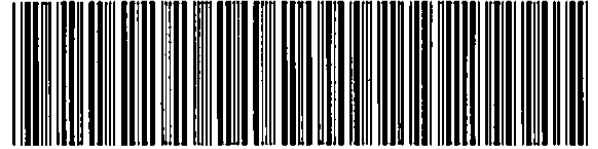
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



## 700330602977

06/27/19--01006--009 \*\*25.0

FILED  
19 JUN 27 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 12 2019  
T SCHROEDER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Trust Royalty 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:

Blake Strickler

Name of Person

Trust Royalty, LLC

Firm/Company

3014 N US Highway 301 Suite 700

Address

Tampa, FL 33619

City/State and Zip Code

trustroyaltyllc@gmail.com

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

For further information concerning this matter, please call:

Blake Strickler

at ( 813 ) 262-1962

Name of Person

Area Code

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: Trust Royalty LLC

SECOND: The Florida Document Number of the limited liability company is: L19000043532

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

3014 N US Highway 301

Suite 700

Tampa, FL 33619

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

3014 N US Highway 301

Suite 700

Tampa, FL 33619

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: Blake Strickler

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: Blake Strickler

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

Kevin Strickler  
Signature of authorized representative

Kevin Strickler  
Typed or printed name of signature

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 JUN 27 AM 9:01

FILED