

L19000111789

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(City/State/Zip/Phone #)

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MAY 16 2019

**GASSMAN, CROTTY & DENICOLO, P.A.**

ATTORNEYS AT LAW

ALAN S. GASSMAN\*\*+  
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\*LL.M. IN TAXATION  
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~CERTIFIED PUBLIC ACCOUNTANT  
\*\*REAL ESTATE

May 1, 2019

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

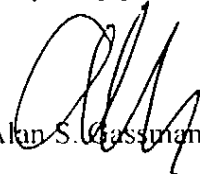
To Whom it May Concern:

Enclosed, please find a Statement of Authority for filing for PARKWAY MAINTENANCE & MANAGEMENT, L.L.C.

Also enclosed, please find a check in the amount of \$85.00 for the cost of filing the above-referenced document and two certified copies. Please return the two certified copies of the Statement of Authority to our office using the enclosed self-addressed, stamped envelope.

Please do not hesitate to contact me should you have any questions with respect to the attached.

Very truly yours,

  
Alan S. Gassman

ASG:chg  
Enclosures  
**SASE**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PARKWAY MAINTENANCE & MANAGEMENT, L.L.C.  
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:

Alan S. Gassman, Esq.  
Name of Person

Gassman Law Associates, P.A.  
Firm/Company

1245 Court Street, Suite 102  
Address

Clearwater, FL 33756  
City/State and Zip Code

\_\_\_\_\_  
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan S. Gassman, Esq. at ( 727 ) 442-1200  
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: PARKWAY MAINTENANCE & MANAGEMENT, L.L.C.

**SECOND:** The Florida Document Number of the limited liability company is: L19000111789

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

1245 Court Street

Clearwater, FL 33756

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

1245 Court Street

Clearwater, FL 33756

**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:

- I. May execute an instrument transferring real property held in the name of the company; may give a mortgage on real property held in the name of the company; may satisfy a mortgage on real property held in the name of the company; may record a lease, option, and/or mechanics lien on real property held in the name of the company; may record any other incumbrance which would cloud or otherwise provide a detrimental impact on the real property held in the name of the company.

- a. Granted to: Each of the following people individually:

KENNETH D. COLEN, LESLEE R. COLEN, C. GUY  
WOOLBRIGHT, PATRICIA A. SORIANO, and  
BARBARA ORTIZ.

- b. No person or entity other than the person(s) or entity(ies) listed under Item 1(a) above, including no member, manager, transferee or otherwise of PARKWAY MAINTENANCE & MANAGEMENT, L.L.C., shall have any authority to take any of the actions set forth in Item 1 above. The authority to take any of the actions set forth in Item 1 above is limited solely to the person(s) or entity(ies) listed under Item 1(a) above.

Adriana Chai

Witness

[Signature]

Signature of Authorized Representative

Carla Guidry

Witness

Alan S. Gassman, Esquire

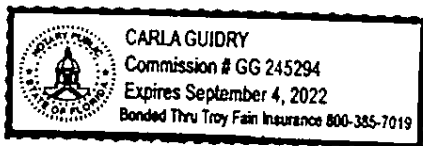
Typed or printed name of signature

STATE OF FLORIDA                     )  
COUNTY OF PINELLAS               )

I HEREBY CERTIFY that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared ALAN S. GASSMAN, ESQUIRE, known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed this Statement of Authority, or that I relied upon the following forms of identification of the above-named person: \_\_\_\_\_.

WITNESS, my official hand and seal this 1st day of May, 2019.

(SEAL)



Carla Guidry

Notary Public Signature

CARLA GUIDRY

Printed Notary Signature

FILED  
19 MAY -6 PM 5:22  
PINELLAS COUNTY, FLORIDA

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