

L19000223747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

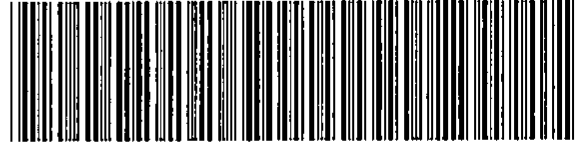
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PETER TURNER ENTERPRISE, LLC

File 2nd

Thanks!

Signature

Requested by: BA

9/12/19

Name

Date

Time

Walk-In

Will Pick Up

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☒ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

STATEMENT OF AUTHORITY

OF

PETER TURNER ENTERPRISE, LLC

Pursuant to Section 605.0302, Florida Statutes, this limited liability company submits the following Statement Of Authority:

FIRST: The name of the limited liability company is:

PETER TURNER ENTERPRISE, LLC

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

116 Pesaro Drive
North Venice, FL 34275

THIRD: This Statement Of Authority grants or sets forth limitations of authority on all persons having the status or position of a person in the Company, whether as a member, transferee, manager, officer or otherwise as follows:

1. May execute an instrument transferring real property held in the name of the Company:

- a. Granted to: Peter D. Turner
- b. No authority granted to: N/A

2. May enter into other transactions on behalf of, or otherwise act for or bind, the Company:

- a. Granted to: Peter D. Turner
- b. No authority granted to: N/A



Peter D. Turner, Manager