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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. SULKER

NOV 12 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Reliant Properties + Investments, 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:

David Buckles

Name of Person

Reliant Properties + Investments, LLC.

Firm/Company

440 N. Main Street

Address

Winter Garden FL 34787

City/State and Zip Code

David@relianthomeoffer.com

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

For further information concerning this matter, please call:

David Buckles

Name of Person

at (407) 947 1851

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: Relevant Properties + Investments
LLC

SECOND: The Florida Document Number of the limited liability company is: L19000234908

THIRD: The street address of the limited liability company's principal office is:
440 N. Main St. Winter Garden FL 34787

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

same as above

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status of a person in a company, whether as a member, transferee, manager, officer or otherwise or as a specified person on the following:

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

a. Granted to: David Buckles

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: David Buckles

b. No authority granted to: _____


Signature of authorized representative

David Buckles
Typed or printed name of signature

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA