

11/13/2019

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L1900033573

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To:

Division of Corporations
Fax Number : (850)617-6383

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Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407)841-1200
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: russellh@pda-cpa.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NASHOSAURUS, LLC

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Corporate Filing Menu

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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: Nashosaurus, LLC

SECOND: The Florida Document Number of the limited liability company is: L19000263063

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

114 Willow Tree Lane

Longwood, FL 32750

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

114 Willow Tree Lane

Longwood, FL 32750

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: J. Russell Hamlin

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: J. Russell Hamlin

b. No authority granted to: _____


Signature of authorized representative

Hattie McFetridge, Trustee
Typed or printed name of signatory

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

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