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COVER LETTER

TO:	Registration Section Division of Corporations		
	GLENEAGLES WAY, LLC		
SUBJE	ECT:		
	Name of Limited L	iability Com	pany
Dear S	Sir or Madam:		
The end	nclosed Statement of Authority and fee(s) are submitte	ed for filing.	
Please	return all correspondence concerning this matter to the	ne following:	
Rober	rt L. Hartley, Sr.		
	Name of Person		
GLEN	NEAGLES WAY, LLC		
	Firm/Company		
11659	Vista Ridge Dr		
	Address		
Fort M	Myers, FL 33913		
	City/State and Zip Code	<u> </u>	
rlhartle	ey@centurylink.net		
	E-mail address: (to be used for future annual report	notification)	
For furth	ther information concerning this matter, please call:		
	t L. Hanley, Sr. 2 Short I, Huntley Sn. at (239	303-1299
	· · · · · · · · · · · · · · · · · · ·	rea Code	Daytime Telephone Number

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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TO:

STATEMENT OF AUTHORITY

authority FIRST:		of the limited liability		REAGLES WAY, LLC	
SECON	D: The Flo	urida Document Numi	per of the limited ligh	L2000000	
	The street	address of the limite	d liability company's OCKLEDGE, FLORI	principal office is:	202
			ited liability compan	y's principal office is: DA 32955	
position of person or	of a person the follow	in a company, whethering: cecute an instrument Robert	er as a member, trans transferring real prop t.L. Hartley, Jr.	ns of authority on all perso ferce, manager, officer or c erty held in the name of the	otherwise or to a specific e company.
	b.				
2	2. Maye a.		ert L. Hartley, Jr.	otherwise act for or hind,	the company.
	b.	No authority grante	ed to:		
Signature	of authoriz	ted representative	_	Robert L. Hartle	y, Sr. d name of signature