

L2000000 10300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

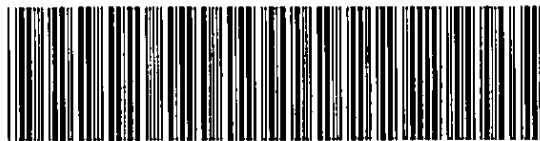
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700345419077

06/03/20--01012--016 \*\*25.00

2020 JUN 3 AM 9:03

109

00000000

00000000

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

GLENEAGLES WAY, LLC

**SUBJECT:** \_\_\_\_\_  
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:

Robert L. Hartley, Sr.

\_\_\_\_\_  
Name of Person

GLENEAGLES WAY, LLC

\_\_\_\_\_  
Firm/Company

11659 Vista Ridge Dr

\_\_\_\_\_  
Address

Fort Myers, FL 33913

\_\_\_\_\_  
City/State and Zip Code

rlhartley@centurylink.net

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

For further information concerning this matter, please call:

Robert L. Hartley, Sr.

239

303-1299

Robert L Hartley Sr at ( ) \_\_\_\_\_  
Name of Person Area 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

### 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: GLENEAGLES WAY, LLC

2020-03-03 AM 9:03

**SECOND:** The Florida Document Number of the limited liability company is: L20000010300

**THIRD:** The street address of the limited liability company's principal office is:  
1392 GLENEAGLES WAY ROCKLEDGE, FLORIDA 32955

The mailing address of the limited liability company's principal office is:  
1392 GLENEAGLES WAY ROCKLEDGE, FLORIDA 32955

**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.

Robert L. Hartley, Jr.

a. Granted to: \_\_\_\_\_

b. No authority granted to: \_\_\_\_\_

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

Robert L. Hartley, Jr.

a. Granted to: \_\_\_\_\_

b. No authority granted to: \_\_\_\_\_

Robert Hartley, Sr.  
Signature of authorized representative

Robert L. Hartley, Sr.

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)