

L20 0000 31807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

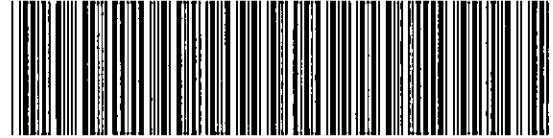
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAR 13 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Adrian's Pet Grooming 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:

Adrian Seeley
Name of Person

Adrian's Pet Grooming LLC
Firm/Company

1102 SE 4th Ave
Address

Cape Coral FL 33990
City/State and Zip Code

Aseeley1148@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adrian Seeley at (239) 910-4213
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: Adrian's Pet Enriching LLC

SECOND: The Florida Document Number of the limited liability company is: 200000031807

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

1102 SE 4th Ave
Cape Coral FL 33990

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

1102 SE 4th Ave
Cape Coral F.L. 33990

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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: Adrian Seeley

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: Adrian Seeley

b. No authority granted to: _____

[Signature]
Signature of authorized representative

Adrian Seeley
Typed or printed name of signature

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