

120 000041362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

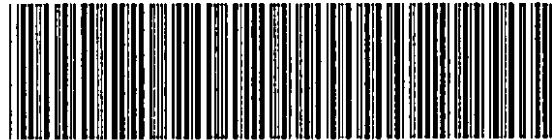
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GRANDMOTHER ROSETTA, 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:

Lynn B Aust, Esq.  
Name of Person

AUST LAW FIRM  
Firm/Company

1220 E LIVINGSTON ST  
Address

ORL FL 32803  
City/State and Zip Code

doveattorney@austlaw.biz; Lynn@mimsconstruction.com  
E-mail address(es) (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn Aust at ( 407 ) 447-5399  
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

I, LYNDELL MIMS, sole Authorized Member for GRANDMOTHER ROSETTA, LLC (hereinafter "Company"), with the principal and mailing address of 1818 Mulberrywood Court, Orlando, FL 32818, state the authority granted for the following person and position:

1. LYNDELL MIMS, sole Authorized Member of the Company, has the sole and absolute authority to:
  - a. Execute an instrument transferring real property held in the name of the Company; and
  - b. Enter into other transactions on behalf of, or otherwise act for or bind, the Company.

This Statement of Authority is effective as of 8<sup>th</sup> day of November, 2021.

  
LYNDELL MIMS, Authorized Member

2021/11/15 PM 2:15

This Statement of Authority prepared by:  
The Law Offices of Aust Law Firm  
1220 E. Livingston St.  
Orlando, FL 32803  
407-447-5399