

L00000 75800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

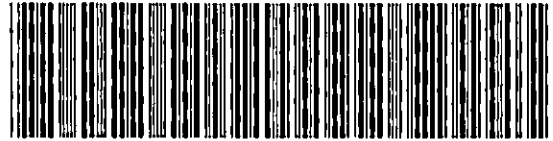
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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R. WHITE

APR 21 2020

21:08:12

TO: Registration Section
Division of Corporations

CR2E138 (2/14)

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: Progressive Medical
Community.

SECOND: The Florida Document Number of the limited liability company is: L0000075800

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

5961 Boggs Ford Rd.
Port Orange, FL 32127

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

~~11111111~~ P.O. Box 238557
Port Orange, FL 32123-8557

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: David Billmeier

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: David Billmeier

b. No authority granted to: _____



Signature of authorized representative

David Billmeier

Typed or printed name of signature

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

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