

L00000 75800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

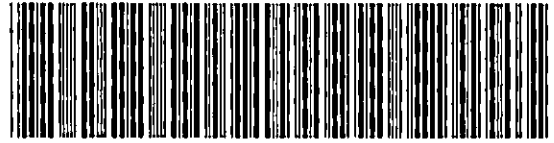
(Business Entity Name)

(Document Number)

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R. WHITE  
APR 21 2020

21:08:12

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Progressive Medical Community  
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:

David Billmeier  
Name of Person

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

5961 Boggs Ford Rd  
Address

Port Orange, FL 32127  
City/State and Zip Code

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

For further information concerning this matter, please call:

Brooke Billmeier at ( 386 ) 299-6194  
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: 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

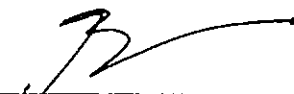
b. No authority granted to: \_\_\_\_\_

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: \_\_\_\_\_

2020 / 11 - 9 AM 8:12

  
\_\_\_\_\_  
Signature of authorized representative

David Billmeier  
\_\_\_\_\_  
Typed or printed name of signature

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