

L2000014910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Whispering Oaks G & C, 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:

Brian K. Mathis

Name of Person

Mathis Law Group

Firm/Company

P.O. Box 91657

Address

Lakeland, Florida 33804

City/State and Zip Code

sharonweaver60@yahoo.com

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

For further information concerning this matter, please call:

Brian K. Mathis

954

616-4404

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: Whispering Oaks G & C, LLC

SECOND: The Florida Document Number of the limited liability company is: L20000149108

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

34450 Whispering Oaks Blvd.

Dade City, Florida 33523-8957

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

1540 St. James Cir.

The Villages, Florida 32162

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: Sharon L. Weaver

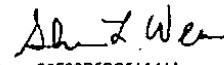
b. No authority granted to: _____

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

a. Granted to: Sharon L. Weaver

b. No authority granted to: _____

DocuSigned by:


FAFR005BC51A44A

Signature of authorized representative

Sharon L. Weaver

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

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