

L20 000 207 250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

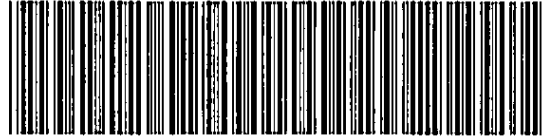
(Business Entity Name)

(Document Number)

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07/27/20--01009-029 **25.00

SEP 11 2020
20 07 27 AM 11:12

Statement
of
Authority
Amend

SEP 11 2020

10 000 000

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DESOTO COUNTY PLANT LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTIN F. KLINGENBERG

Name of Person

ATTORNEY AT LAW

Firm/Company

1455 BLUE POINT AVE

Address

NAPLES, FL 34102

City/State and Zip Code

martinlegal@protonmail.com

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

For further information concerning this matter, please call:

MARTIN F. KLINGENBERG

at (239)

404-3546

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

20 JUL 27 PM 11:19

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

FIRST: The name of the limited liability company is: DESOTO COUNTY PLANT LLC

SECOND: The Florida Document number of the limited liability company is: L20000207250

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

7901 4th Street N

Suite 300

St. Petersburg, FL 33702

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

7901 4th Street N

Suite 300

St. Petersburg, FL 33702

FOURTH: The date the statement of authority became effective is: 7/26/2020

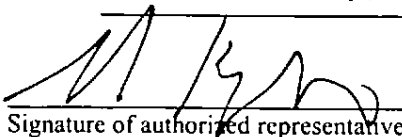
FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is
addition to statement of authority Authorized Person(s): Dan Matousek Title: MGRM

Zivanskeho 6

Brno 621 00, Czech Rep., AF


Signature of authorized representative

MARTIN F. KLINGNEBERG

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

20 JUL 27 PM 11:12
FILED
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
IN FLORIDA
TALLAHASSEE, FLORIDA