

# L20000219368

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

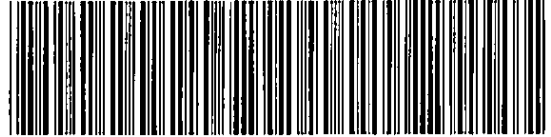
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JOHN TYLER 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:

JAMES A CLEMENTS  
Name of Person

CLEMENTS CPA GROUP PA  
Firm/Company

60 Spring Vista Drive Suite A  
Address

Debarry FL 32713  
City/State and Zip Code

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

For further information concerning this matter, please call:

James Clements at (386) 753 1160  
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: John Tyler LLC

SECOND: The Florida Document Number of the limited liability company is: L2000029368

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

2441 Sleepy Oak Lane  
DeLand FL 32720

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

2441 Sleepy Oak Lane  
DeLand FL 32720

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: \_\_\_\_\_

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: JOE JEFFRIES

3859 TUCKS point Winter Park FL 32792

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

[Signature]  
Signature of authorized representative

HUSSAIN RAWJI  
Typed or printed name of signature

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

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