

L20 000349110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

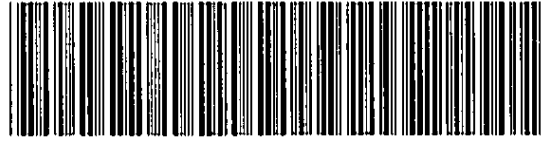
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

L1/24/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 9377 Bluegill 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:

Louis Barr
Name of Person

9377 Bluegill LLC
Firm/Company

9826 Palma Vista Way
Address

Boca Raton, FL 33428
City/State and Zip Code

Louis @ barr-law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monique Smith at (561) 424-5333
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: 9377 Bluegill LLC

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SECRETARY OF STATE
TALLAHASSEE, FL

SECOND: The Florida Document Number of the limited liability company is: L20000349110

THIRD: The street address of the limited liability company's principal office is:
9326 Palma Vista Way
Boca Raton, FL 33428

The mailing address of the limited liability company's principal office is:
9326 Palma Vista Way
Boca Raton, FL 33428

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: Louis B Barr

b. No authority granted to: Gerald Barr

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

a. Granted to: Louis B Barr

b. No authority granted to: Gerald Barr

[Signature]
Signature of authorized representative

GERALD BARR
Typed or printed name of signature

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