# L21000009042

(Requestor's Name)
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(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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## **EMMANUEL SHEPPARD & CONDON**

ATTORNEYS AT LAW SINCE 1913

Sally B. Fox Attorney at Law 30 S Spring Street Pensacola, FL 32502 Sfox@esclaw.com (850) 433-6581 esclaw.com

March 17, 2023

#### **VIA MAIL DELIVERY**

Florida Division of Corporations PO Box 6327 Tallahassee, Florida 32314

Re: Statement of Authority – Aqua Force Marine Sales, LLC

Our File: 16115-159312

To Whom It May Concern:

Enclosed is our Check#151195 in the amount of \$55.00 for the Statement of Authority and the certified Copy being filed for Aqua Force Marine Sales, LLC. Enclosed is a stamped envelope to return the certified copy back to us.

Sincerely,

Alisa Kiker for Sally B. Fox

/ajk Enclosures

#### COVER LETTER

SUBJECT:	f Limited Liability Con	anau I	
Name o	T Limited Elability Con	ipany	
Dear Sir or Madam:			
The enclosed Statement of Authority and fee(s)	are submitted for filing		
Please return all correspondence concerning this	s matter to the following	<b>;</b> :	
ANTHONY J. WALTERS			
Name of Person		-	
AQUA FORCE MARINE SALES, LL	.C		
Firm/Company		-	
3111 W. FAIRFIELD DRIVE			
Address	. <del></del> .	-	
PENSACOLA, FLORIDA 32505			
City/State and Zip Code		-	
E-mail address: (to be used for future a	unnual report notificatio	n)	
For further information concerning this matter, p	please call:		
ANTHONY J. WALTERS	850	706-5070	
Name of Person	Area Code	Daytime Telephone N	umber

MAILING ADDRESS:

Tallahassee, Florida 32314

Registration Section Division of Corporations P.O. Box 6327 023 MAR 20 AM 9: 02

STREET/COURIER ADDRESS:

Registration Section

Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

### STATEMENT OF AUTHORITY

authority:	505.0302(1). Florida Statutes, this limited liability company submits the follows	ing statem	ent of	
FIRST: The name	of the limited liability company is: AQUA FORCE MARINE, LLC			-
SECOND: The Flo	orida Document Number of the limited liability company is: L21000009042	2		- -
THIRD: The street	address of the limited liability company's principal office is: FAIRFIELD DRIVE			
PENSA	COLA, FLORIDA 32505			
	ing address of the limited liability company's principal office is: FAIRFIELD DRIVE			
PENSA	COLA, FLORIDA 32505			
position of a person person on the follow	xecute an instrument transferring real property held in the name of the company  ANTHONY J WAI TERS AUTHORIZED	or to a spe	eific	
b.	MANAGER  No authority granted to:	WILL VHUSEE	2023 HAR 20 AM	
2. May e	enter into other transactions on behalf of, or otherwise act for or bind, the compa Granted to: ANTHONY J. WALTERS, AUTHORIZED MANAGER	E FL S	9: 02	g <sup>22</sup>
b.	No authority granted to:			
Anthe	ANTHONY J. WALT	FRS		

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

Typed or printed name of signature

CR2E138 (2/14)