

121 000010659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pruner & Potts LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Conkel

Name of Person

Pruner & Potts LLC

Firm/Company

8419 Chatsworth Street

Address

Spring Hill, FL 34608

City/State and Zip Code

robertconkel1@gmail.com

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

For further information concerning this matter, please call:

Robert Conkel

Name of Person

at (586)

Area Code

531-8997

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: Pruner & Potts LLC

SECOND: The Florida Document Number of the limited liability company is: L21000010659

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

8419 CHATSWORTH STREET, SPRING HILL, FL 34608

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

8419 CHATSWORTH STREET, SPRING HILL, FL 34608

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:

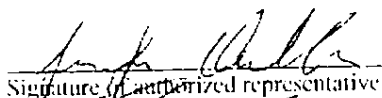
a. Granted to: Robert Conkel ONLY

b. No authority granted to: Any other individual or entity

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

a. Granted to: Robert Conkel ONLY

b. No authority granted to: Any other individual or entity


Signature of authorized representative

Robert Conkel, Sole Manager
Typed or printed name of signature

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