

L21 0000 96967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

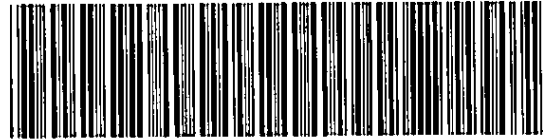
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 APR 28 PM 1:50  
TALLAHASSEE, FLORIDA

D. BRUCE  
JUN 13 2021

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Blindside Property Monitoring Service 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:

Jillian Goodwin  
Name of Person

\_\_\_\_\_  
Firm/Company

PO Box 770113  
Address

Coral Springs FL 33077  
City/State and Zip Code

jvgoodwin30@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jillian Goodwin at (954) 451 8637  
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

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TALLAHASSEE, FL

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: Blindside Property  
Monitoring Service LLC

SECOND: The Florida Document Number of the limited liability company is: L21000096967

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

8801 W. Atlantic Blvd # 770113  
Coral Springs FL 33077

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

8801 W. Atlantic Blvd # 770113  
Coral Springs FL 33077

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: Jillian Goodwin

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: Jillian Goodwin

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

Jillian Goodwin  
Signature of authorized representative

Jillian Goodwin  
Typed or printed name of signature

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

CLERK OF CIRCUIT COURT  
TALLAHASSEE, FL

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