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COVER LETTER

	gistration Section vision of Corporations					
SUBJECT	5093 DUNCAN ROAD, LLC					
30001.01		imited Liability (Company			
Dear Sir or	Madam:					
The enclose	ed Statement of Authority and fee(s) are	submitted for fi	ling.			
Please retu	m all correspondence concerning this m	atter to the follow	wing:			
Luca Di N	unzio					
	Name of Person					
Dorcey La	w Firm					
-	Firm/Company				202	
10181 Six	Mile Cypress Pkwy, Suite C				2022 AUG 24	; ; ;
	Address			-	<u> </u>	
Fort Myers	, FL 33966			••	AH 10: 21	; ===
	City/State and Zip Code			•		
support@d	lfregisteredagent.com			-	12	
E	mail address: (to be used for future ann	mal report notific	cation)			
For further	information concerning this matter, ple	ase call:				
Luca Di N	unzio	239 at (308-1073			
	Name of Person	Area Co	ode Daytime Telepho	one 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:

TOTION	ving statement of authority.			
NAM	E OF LLC: 5093 DUNCAN ROAD, LLC			
FLOI	RIDA LLC DOCUMENT NUMBER: <u>L21000258705</u>			_
PRIN	CIPAL OFFICE ADDRESS: 8265 San Carlos Boulevard, Fort Myers, Florida	33967 -	202	
МАП	LING ADDRESS (if different): 8265 San Carlos Boulevard, Fort Myers, Florid	da 33967	2022 ALIG 24	- !
	, , , , , , , , , , , , , , , , , , ,	.	i6 2	127~
MAN	AGER: Mona L. Henry			
		9,- <u>-</u> ;	AH IO:	. 3
has ur but no	wis the authority given to Mona L. Henry, Manager of the above-named LL alimited authorization, the option "All Authorization to act on behalf of the ot limited to the Options Listed Below (Unlimited Authority)" will be selected. "Her."	LLC.	ineluc	ling
)ZC Listed	All Authorization to act on behalf of the LLC, including but not limited to Below (Unlimited Authority).	o the Op	otions	
	He/She has Authority to Execute an Instrument Conveying (Sale/Lease) I d by the LLC.	Real Pro	perty	,
	He/She has Authority to Purchase Property in the Name of the LLC.			
	He/She has authority to Enter into Contract(s) for the Maintenance/ Impro	ovemen	tofR	.eal
Prope	rty.			
	He/She has authority to Open Bank Account(s) in Name of the LLC.			
	He/She has authority to Close Bank Account(s) Owned by the LLC.			
□ and/or	He/She has authority to Use, Execute, Negotiate, and/or Assign LLC Debrother instruments of payment on behalf of the LLC.	it/Credi	it Car	ds
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's F	ersonal		
Prope	rty (Ex: Vehicles/Equipment).			
	He/She has authority to Enter into Contract(s) for the Purchase of Persona	al Prope	erty (E	Ex:
Vehic	les/Equipment).			
	He/She has authority to Enter into Contract(s) for the Purchase of Supplie	es.		
	He/She has authority to Enter into Contract(s) for the Purchase of Materia	ıl(s).		
	He/She has authority to Enter into Contract(s) for the Purchase of Merch	ndica		

_	
	He/She has authority to Enter into Contract(s) for the Purchase of Services.
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Supplies.
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Material(s).
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Merchandise.
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Services.
	He/She has authority to Enter into and maintain Contract(s) for Insurance Services on
behalf	of the LLC.
	He/She has authority to File Annual Reports with State of Florida.
	He/She has authority to Amend Annual Reports with State of Florida.
	He/She has authority to File Statement of Authority(s) with State of Florida.
	He/She has authority to Amend/Cancel/Renew Statement of Authority(s) in State of
Florida	
	He/She has authority to Amend Articles of Organization.
	DUNCAN ROAD, LLC;
By: Print N	Jame: Maur Hevry
Title: _	
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