

L210000266073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

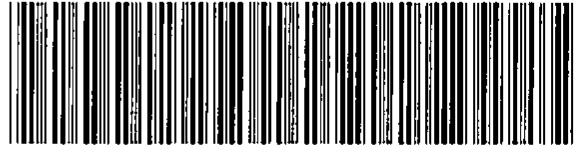
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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*Statement
of Authority*

DEC 01 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L.W.H. Properties, 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:

J'Nise H. Adams
Name of Person

L.W.H. Properties, LLC.
Firm/Company

P.O. Box 1014
Address

Valrico, FL 33595-1014
City/State and Zip Code

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

For further information concerning this matter, please call:

J'Nise H. Adams at (813) 658-8759
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: L.W.H. Properties, LLC.

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

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

259 Tahoe Circle
Valrico, FL 33594

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

P.O. Box 1014
Valrico, FL 33595-1014

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.

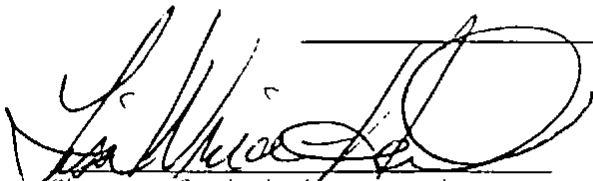
a. Granted to: Lisa H. Wrice-Henderson

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: J'Nise H. Adams

b. No authority granted to: _____


Signature of authorized representative

Lisa H. Wrice-Henderson
Typed or printed name of signature

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

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