L210CO 311446

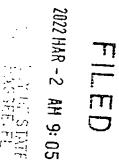
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C. BRUMBLEY

COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	Coastline Fence Company, L	LC	
	Name	of Limited Liability Com	рапу
Dear S	ir or Madam:		
The cr	closed Statement of Authority and fee(s	are submitted for filing.	
Please	return all correspondence concerning th	is matter to the following	:
Jeff Yo	oungman		
	Name of Person	 -	
Coastl	ine Fence Company, LLC		
	Firm/Company		
1184 7	racy Drive		
	Address		
Port O	rrange, FL 32129		
	City/State and Zip Code		
jyoung	man5898@gmail.com		
	E-mail address: (to be used for future	annual report notification	n)
For fu	ther information concerning this matter	, please call:	
Jeff Yo	oungman	386 at (562-6810
	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), Flor authority:	rida Statutes, this limited liability company submits the following statement of			
FIRST: The name of the limited liability company is: Coastline Fence Company, LLC SECOND: The Florida Document Number of the limited liability company is: L21000311446				
Port Orange, FL 32129				
The mailing address of the Same as abbove	e limited liability company's principal office is:			
position of a person in a company, w person on the following: 1. May execute an instrum	rity grants or sets limitations of authority on all persons having the status or hether as a member, transferce, manager, officer or otherwise or to a specific ment transferring real property held in the name of the company. If Youngman			
	granted to:			
·	ansactions on behalf of, or otherwise act for or bind, the company of the following the first section of the company of the following the foll			
b. No authority g	Jonathan P Tarratt or Jonathan P Tarratt, LLC			
an you	Jeff Youngman			
Signature of authorized representative	Typed or printed name of signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)			