

L21 000 335 558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

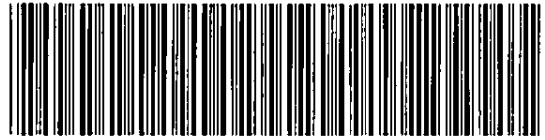
(Business Entity Name)

(Document Number)

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

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03/25/24--01006--006 \*\*30.00

2024 MAR 25 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Law Offices of Timothy K. Anderson  
**TIMOTHY K. ANDERSON, ESQ.**  
480 Maplewood Drive, Suite 5  
Jupiter, Florida 33458

Brent E. Carrington  
Title Agent/Closer

Lorraine A. Hinkle  
Legal Assistant

March 14, 2024

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, Florida 32303

Re: Statement of Authority for Eco Care, LLC and Statement of Authority for Fair Care, LLC

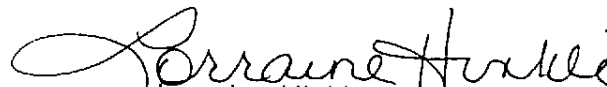
Please find enclosed the cover letter and executed original Statement of Authority for Eco Care, LLC, along with check #14154 in the amount of \$30.00 to cover the filing fee and certification fee.

Also enclosed the cover letter and executed original Statement of Authority for Fair Care, LLC, along with check #14155 in the amount of \$30.00 to cover the filing fee and certification fee.

Please forward the Certificates of Authority to our office in the enclsd self addressed stamped envelope.

Thank you for your assistance. If you have any questions, please do not hesitate to contact this office.

Very truly yours,

  
Lorraine Hinkle,  
Legal Assistant to  
Timothy K. Anderson, Esq.

TKA/lh

Enclosures as noted above

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ECO CARE 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:

Timothy K. Anderson, Esq.

Name of Person

Law Office of Timothy K. Anderson

Firm/Company

480 Maplewood Drive, Suite 5

Address

Jupiter, FL 33458

City/State and Zip Code

tpanch@me.com

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

For further information concerning this matter, please call:

Timothy K. Anderson, Esq

561

744-8255

at ( )

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

FILED  
2021 MAR 25 PM 2:48  
SECRETARY OF STATE  
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: ECO CARE LLC

SECOND: The Florida Document Number of the limited liability company is: L21000335558

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

9726 1167th Place N.

Jupiter, FL 33478

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

10152 Indiantown Rd., #216

Jupiter, FL 33478

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.

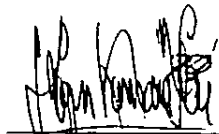
a. Granted to: Theresa Ann Panchura and to Koginka K. Xue as Managers

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: Theresa Ann Panchura and to Koginka K. Xue as Managers

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



Signature of authorized representative

Koginka K. Xue, as sole Member of LL

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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2024 MAR 25 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FL