

L21 000352242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

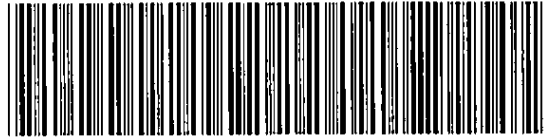
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CUTIE PIE ENTERPRISES 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:

ROSEMARIE THOMPSON

Name of Person

CUTIE PIE ENTERPRISES LLC

Firm/Company

4274 ENFIELD COURT

Address

PALM HARBOR, FL 34685

City/State and Zip Code

jt.talabs@gmail.com

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

For further information concerning this matter, please call:

ROSEMARIE THOMPSON

919

749-1811

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

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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: CUTIE PIE ENTERPRISES LLC

SECOND: The Florida Document Number of the limited liability company is: L21000352242

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

4274 ENFIELD COURT

PALM HARBOR, FL 34685

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

4274 ENFIELD COURT

PALM HARBOR, FL 34685

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: ROSEMARIE THOMPSON

JOHN THOMPSON

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: ROSEMARIE THOMPSON

JOHN THOMPSON

b. No authority granted to: _____

Rosemarie Thompson

Signature of authorized representative

ROSEMARIE THOMPSON

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**