

L21000534 708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

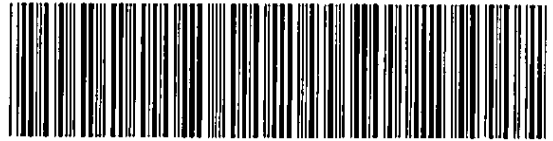
(Business Entity Name)

(Document Number)

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2024 FEB -9 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: USA Services of Florida, 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:

Erin Boyts Quinn

Name of Person

USA Services of Florida, LLC

Firm/Company

4141 Rockside Road, Ste 100

Address

Seven Hills, OH 44131

City/State and Zip Code

compliance@sweepingcorp.com

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

For further information concerning this matter, please call:

Katy Beyerle

216

777-2750

777-2755

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

2009 FEB -9 PM 14:08
STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: USA Services of Florida, LLC

SECOND: The Florida Document Number of the limited liability company is: L21000534708

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

448 Spring Hammock Court, Longwood, FL 32750

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

4141 Rockside Road, Ste 100, Seven Hills, OH 44131

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: n/a

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: Gary Quinn

b. No authority granted to: _____



Signature of authorized representative

Erin Boyts Quinn

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)