

K2200011185

(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

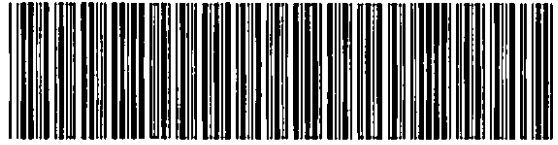
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Traci's House Sitting and Pet 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:

Traci Leigh Gordon

Name of Person

Traci's House Sitting and Pet Care, LLC

Firm/Company

16131 Sandcrest Way

Address

Tampa, FL 33618

City/State and Zip Code

tracihousesittingpetcare@gmail.com

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

For further information concerning this matter, please call:

Traci Leigh Gordon

Name of Person

703

at (_____) _____

Area Code

862-7253

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: Traci's House Sitting and Pet Care, LLC

SECOND: The Florida Document Number of the limited liability company is: L22000111185

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

16131 Sandercrest Way

Tampa, FL 33618

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

16131 Sandercrest Way

Tampa, FL 33618

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: Traci Leigh Gordon

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: Traci Leigh Gordon

b. No authority granted to: _____



Signature of authorized representative

Traci Leigh Gordon

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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