

L22000133864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

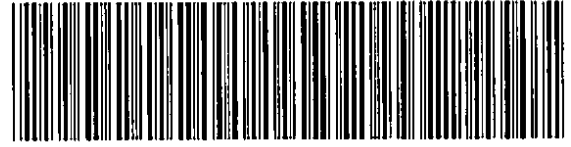
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KLUESER MANAGEMENT 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:

JAMES F MOREY

Name of Person

BOND SCHOENECK AND KING PLLC

Firm/Company

4001 TAMiami TRAIL N, SUITE 105

Address

NAPLES, FL 34103

City/State and Zip Code

JMOREY@BSK.COM

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

For further information concerning this matter, please call:

JAMES MOREY

239

659-3813

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

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: KLUESER MANAGEMENT LLC

SECOND: The Florida Document Number of the limited liability company is: L22000133864

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

1617 SW 28TH TERRACE

CAPE CORAL, FL 33914

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

1617 SW 28TH TERRACE

CAPE CORAL, FL 33914

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: HANS HENNING KLUESER, ULRIKE KLUESER OR
JAMES F. MOREY, ACTING TOGETHER OR INDEPENDENTLY

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: HANS HENNING KLUESER, ULRIKE KLUESER OR
JAMES F. MOREY, ACTING TOGETHER OR INDEPENDENTLY

b. No authority granted to: _____



Signature of authorized representative

HANS HENNING KLUESER

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 MAY 23 PM 1:46

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