

L22000265157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

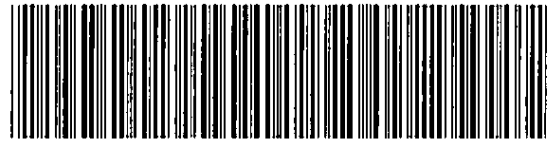
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COMPSON OF PLANTATION 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:

BLAINE C. DICKENSON, ESQ  
Name of Person

DICKENSON LAW  
Firm/Company

4800 N. FEDERAL HWY. E-100  
Address

BOCA RATON, FL 33431  
City/State and Zip Code

bcd@dmrslaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BLAINE C. DICKENSON at ( 561 ) 391-1900  
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: COMPSON OF PLANTATION LLC

SECOND: The Florida Document Number of the limited liability company is: L22000245157

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

36 SE 3RD STREET

BOCA RATON, FLORIDA 33432

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

315 SEVERN AVENUE

ANNAPOLIS MD 21403

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: \_\_\_\_\_

b. No authority granted to: ROBERT BISHOP

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

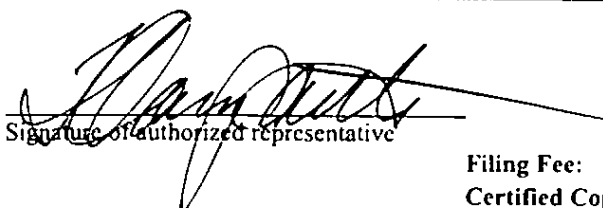
a. Granted to: ROBERT BISHOP

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

CLERK OF STATE  
TALLAHASSEE, FLORIDA

2023 AUG 23 AM 8:28

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Signature of authorized representative

THOMAS COMPARATO  
Typed or printed name of signature

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