

L220000418601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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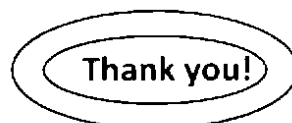
Name:	PMC Everglade, LLC
Document #:	
Order #:	14660216

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Amount: \$ 55.00



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: PMC EVERGLADE, LLC

SECOND: The Florida Document Number of the limited liability company is: L22000418601

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

6400 N ANDREW AVE. STE 340

FORT LAUDERDALE, FL 33309

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

6400 N ANDREW AVE. STE 340

FORT LAUDERDALE, FL 33309

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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: _____

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

a. Granted to: PARAMOUNT MARKETING CONSULTANTS, INC.

b. No authority granted to: _____

/s/ Kevin Sheehan

Signature of authorized representative

KEVIN SHEEHAN

Typed or printed name of signature

Filing Fee: \$25.00

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