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COVER LETTER

	Division of Corporations		
SUBJECT:	26716 LITTLE JOHN COURT	LLC	
		of Limited Liability Com	pany
Dear Sir o	т Madam:		
The enclo	sed Statement of Authority and fee(s) are submitted for filing.	
Please reti	urn all correspondence concerning t	his matter to the following	:
26716 LJ	TTLE JOHN COURT, LLC		
	Name of Person	, -	
C/O L&L	Para		
	Firm/Company		
27911 Cro	own Lake Blvd, Suite 201		
	Address		
Bonita Sp	rings, Florida 34133		
	City/State and Zip Code		
	E-mail address: (to be used for futur	e annual report potification	
	r information concerning this matter		
Abby Mas	son	239 at (948-1823
	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: 26716 LITTLE JOHN COURT, LLC SECOND: The Florida Document Number of the limited liability company is:______ THIRD: The street address of the limited liability company's principal office is: 26716 Little John Court Bonita Springs, Florida 34135 The mailing address of the limited liability company's principal office is: P.O. Box 1363 Bonita Springs, Florida 34133 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: No authority granted to: John Zizzo 2. May enter into other transactions on behalf of, or otherwise act for or bind, the company. Granted to: No authority granted to: _____ John Zizzo E495C1/3BFFA488. Typed or printed name of signature Signature of authorized representative \$25.00 Filing Fee:

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)