

L230000093433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

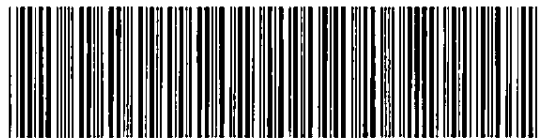
(Business Entity Name)

(Document Number)

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

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Elliot Ventures 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:

Nicole A. Nelson

\_\_\_\_\_  
Name of Person

NAN Holdings LLC

\_\_\_\_\_  
Firm/Company

P.O. Box 9

\_\_\_\_\_  
Address

Cohasset, MA 02025

\_\_\_\_\_  
City/State and Zip Code

nanevllc@gmail.com

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

For further information concerning this matter, please call:

Nicole A. Nelson

781

724-0485

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: Elliot Ventures LLC

SECOND: The Florida Document Number of the limited liability company is: L23000093433

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

7901 4TH STREET N SUITE 300

ST PETERSBURG, FL 33702

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

7901 4TH STREET N SUITE 300

ST PETERSBURG, FL 33702

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: David K. Bull Jr.

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: David K. Bull Jr.

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



Signature of authorized representative

Nicole A. Nelson

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA