# L23000229651

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TALLAHASSEE, FLORIDA

## COVER LETTER

ے Div	ision of Corporations		
SUBJECT:	1049 BROAD AVENUE NAPLE	S FLORIDA, LLC	
ooboner.	Name o	of Limited Liability Com	pany
Dear Sir or M	Madam:		
The enclosed	d Statement of Authority and fee(s)	are submitted for filing.	
Please return	all correspondence concerning this	s matter to the following:	
Luca Di Nui	nzio		
<del></del>	Name of Person		
Dorcey Law	Firm		
	Firm/Company	<del></del>	
10181 Six N	Mile Cypress Pkwy, Suite C		
	Address		
Fort Myers,	FL 33966		
	City/State and Zip Code		
support@dlf	fregisteredagent.com		
E-r	mail address: (to be used for future	annual report notification	n)
For further in	nformation concerning this matter,	please call:	
Luca Di Nu	nzio	239 at (	418-0169
	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

TO:

Registration Section

# STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

NAIVII	E OF LLC: 1049 BROAD AVENUE NAPLES FLORIDA, LLC	<b>2</b> :	2023
DOCU	JMENT NUMBER: <u>L23000229651</u>	LAH	2023 AUG
PRIN	CIPAL ADDRESS: 1049 Broad Ave N Naples FL 34102	ASSEE	8
MAIL	ING ADDRESS: 1049 Broad Ave N Naples FL 34102		AM 8:
MANA	AGER: Lynn Ross	FLORIDA	: 17
unlimi	is the authority given to Lynn Ross, Manager of the above-named LLC. It ted authorization, the option "All Authorization to act on behalf of the LLC nited to the Options Listed Below (Unlimited Authority)" will be selected a ler.	C, includ	ling but
☑ Listed	All Authorization to act on behalf of the LLC, including but not limited Below (Unlimited Authority).	l to the	Options
□ Owned	He/She has Authority to Execute an Instrument Conveying (Sale/Lease I by the LLC.	) Real F	Property
	He/She has Authority to Purchase Property in the Name of the LLC.		
	He/She has authority to Enter into Contract(s) for the Maintenance/ Impro	vement	of Real
Proper	ty.		
	He/She has authority to Open Bank Account(s) in Name of the LLC.		
	He/She has authority to Close Bank Account(s) Owned by the LLC.		
	He/She has authority to Use, Execute. Negotiate, and/or Assign LLC De	bit/Cred	it Cards
and/or	other instruments of payment on behalf of the LLC.		
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Po	ersonal F	Property
(E.g., '	Vehicles/Equipment).		
	He/She has authority to Enter into Contract(s) for the Purchase of Persona	l Proper	ty (E.g.,
Vehicl	es/Equipment).		
	He/She has authority to Enter into Contract(s) for the Purchase of Supplie	S.	
	He/She has authority to Enter into Contract(s) for the Purchase of Materia	l(s).	
	He/She has authority to Enter into Contract(s) for the Purchase of Mercha	ndise.	
	He/She has authority to Enter into Contract(s) for the Purchase of Services	s.	
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Se	applies.	
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's M	laterial(s	s).
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's M	Ierchand	lise.

Page 1 of 2
Statement of Authority for Lynn Ross

	If of the LLC.  He/She has authority to File Annua He/She has authority to Amend An He/She has authority to File Stater He/She has authority to Amend/	nnual Report nent of Auth	s with State of Flor ority(s) with State (	ida. of Florida.		tata at
Flori		Cancell Rene	w Statement of F	rumorny(:	5) 111 3	tate of
	He/She has authority to Amend Ar	rticles of Org	ganization.			
	NAGER:		5/19/2023			
		D.	ate:	_		

Page 2 of 2
Statement of Authority for Lynn Ross