L23000516424

(Requestor's Name)	
(Address)	
(Address)	
(City/Sta	ate/Zip/Phone #)
(Business Entity Name)	
(Document Number)	
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EMMANUEL SHEPPARD & CONDON

ATTORNEYS AT LAW SINCE 1913

Sally B. Fox Attorney at Law 30 S Spring Street Pensacola, FL 32502 Sfox@esclaw.com | (850) 433-6581 | esclaw.com

September 25, 2024

VIA MAIL DELIVERY Florida Division of Corporations PO Box 6327 Tallahassee, Florida 32314

> Re: Statement of Authority – Applewhite Investments, LLC Our File: 19326-161485

To Whom It May Concern:

Enclosed is our Check#158211 in the amount of \$25.00 for the Statement of Authority being filed for Applewhite Investments, LLC.

Sincerely,

Alisa Kiker for Sally B. Fox

/ajk Enclosures

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: APPLEWHITE INVESTMENTS, 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:

NANCY DESTAFNEY

Name of Person

APPLEWHITE INVESTMENTS, LLC

Firm/Company

657 N. PACE BLVD

Address

PENSACOLA, FLORIDA 32505

City/State and Zip Code

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

For further information concerning this matter, please call:

Nan De Stafney Name offerson at (<u>850</u>) <u>512.663</u> Area Code Daytime Telephone Number

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E138 (2/14)

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: ______APPLEWHITE INVESTMENTS, LLC

SECOND: The Florida Document Number of the limited liability company is: L23000516424

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

657 N PACE BLVD

PENSACOLA, FLORIDA 32505

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

657 N PACE BLVD

PENSACOLA, FLORIDA 32505

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status 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 : ______

b. No authority granted to: ______

Signature of authorized representative

NANCY DESTAFNEY

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Typed or printed name of signature Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)