

L 23000534097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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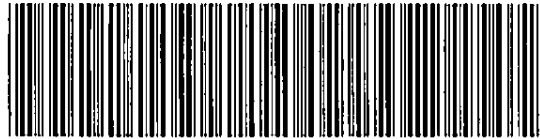
Certificates of Status \_\_\_\_\_

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J. HORNE

FEB - 5 2024

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: True Renovations 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:

Armonzo Benard Hobbs  
Name of Person

True Renovations LLC  
Firm/Company

7684 Arden Lakes Dr.  
Address

Jacksonville, FL 32222  
City/State and Zip Code

armonzo.hobbs@olea@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Armonzo Hobbs at ( 904 ) 413-6892  
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: True Renovations LLC

SECOND: The Florida Document Number of the limited liability company is: L230005340972

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

71684 Arden Lakes Dr.  
Jacksonville, FL 32222

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

71684 Arden Lakes Dr.  
Jacksonville, FL 32222

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.

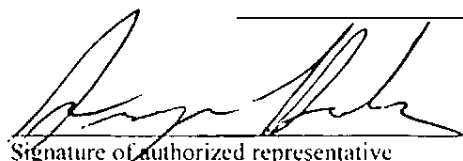
a. Granted to: Armonzo Bernard Hobbs

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: Armonzo Bernard Hobbs

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

  
Signature of authorized representative

Armonzo Hobbs  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)