

L240000056089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

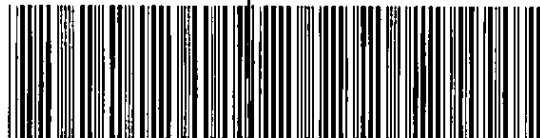
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRAZZ Retail & Re-Sell LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brett Lambert

Name of Person

BRAZZ Retail & Re-Sell LLC

Firm Company

20 Moss Point Dr.

Address

Ormond Beach, FL 32174

City State and Zip Code

Brettlambert20@protonmail.com

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

For further information concerning this matter, please call:

Brett Lambert

386-299-4494

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

CR2E133 (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: BRAZZ Retail S Re-Sell LLC

SECOND: The Florida Document Number of the limited liability company is: L24000056089

THIRD: The street address of the limited liability company's principal office is:
20 Moss Point Dr. Ormond Beach, FL 32174

The mailing address of the limited liability company's principal office is:
20 Moss Point Dr. Ormond Beach, FL 32174

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: Brett Lambert

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: Brett Lambert

b. No authority granted to:

Brett Lambert 08/15/2024 10:05 AM
Signature of authorized representative

Brett Lambert
Typed or printed name of signature

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

CR2E138 (2-1-2)