

# L24000131304

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

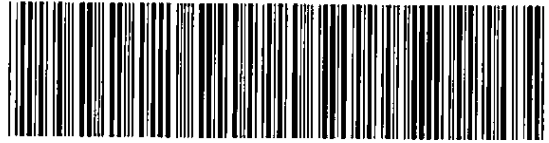
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JUN 24 2024

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PROACTIVE PLATES 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:

KELLY ESTERLINE

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

PROACTIVE PLATES LLC

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

119 SE 39TH STREET

\_\_\_\_\_  
Address

CAPE CORAL, FL 33904

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

KELLYESTERLINE@GMAIL.COM

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

For further information concerning this matter, please call:

KELLY ESTERLINE

239

910-3871

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: PROACTIVE PLATES LLC

**SECOND:** The Florida Document Number of the limited liability company is: L24000131304

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

119 SE 39TH STREET

CAPE CORAL, FL 33904

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

119 SE 39TH STREET

CAPE CORAL, FL 33904

**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: KELLY ESTERLINE

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: KELLY ESTERLINE

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

Kelly Esterline  
Signature of authorized representative

Kelly Esterline  
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)