

L24000167732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

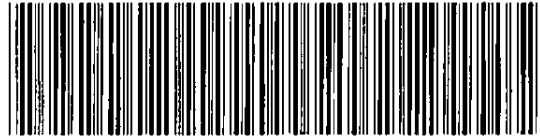
(Business Entity Name)

(Document Number)

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2024 SEP -4 AM 11:27
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PHS WAKULLA 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:

PATRICK H SREENAN

Name of Person

Firm/Company

24 MANATEE WAY

Address

CRAWFORDVILLE FL 32327

City/State and Zip Code

PATRICKSREENAN@YAHOO.COM

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

For further information concerning this matter, please call:

PATRICK SREENAN

Name of Person

954
at ()

Area Code

494-7950

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: PHS WAKULLA INVESTMENTS, LLC

SECOND: The Florida Document Number of the limited liability company is: L24000167732

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

24 MANATEE WAY

CRAWFORDVILLE, FL 32327

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

24 MANATEE WAY

CRAWFORDVILLE FL 32327

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: _____

b. No authority granted to: JAMIE WARD

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: JAMIE WARD


Signature of authorized representative

PATRICK H. SKEENAN
Typed or printed name of signature

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

2024 SEP -4 AM 11:28
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TALLAHASSEE, FLORIDA