# L24000186499

(Req	uestor's Name)	,
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	iness Entity Na	me)
(Doc	ument Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



100430172421

05/21/24-+010L4-+011 \*\*60.00

NICH MAY 21 AM II: 20

#### **COVER LETTER**

	gistration Section vision of Corporations		
1211	·		
SUBJECT:	5972 Baker, LLC		
	Name of L	imited Liability Comp	pany
Dear Sir or !	Madam:		
The enclose	d Statement of Authority and fee(s) are	submitted for filing.	
Please return	n all correspondence concerning this m	atter to the following:	
Michael See	ott		
	Name of Person		
Dorcey Law	y Firm		
	Firm/Company		
10181 Six M	Mile Cypress Pkwy, Suite C		
·	Address		
Fort Myers,	FL 33966		
	City/State and Zip Code		
support@dl	fregisteredagent.com		
E-1	mail address: (to be used for future ann	nual report notification	)
For further i	information concerning this matter, ple	ase call:	
Michael Sc	ott	239 at (	418-0169
	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:

NAMI	E OF LLC: 5972 BAKER, LLC	<b>⋝</b> ८	29	
DOCU	JMENT NUMBER: L24000186499	EURI LLAH	2024 MAY 2 I	
PRINC	CIPAL ADDRESS: 6813 Azalea Ln., Fort Myers, FL 33919	IKRY ASSE	Y 21	
MAIL	ING ADDRESS: 6813 Azalea Ln., Fort Myers, FL 33919	EFE F	AM 11: 20	
MANA	AGER: Kathleen S. Smith	STATE LORIDA	: 20	
person includi	is the authority given to Kathleen S. Smith, Manager of the above-name has unlimited authorization, the option "All Authorization to act on being but not limited to the Options Listed Below (Unlimited Authority)" will ply to Him/Her.	half of	the L	LC.
⊠	All Authorization to act on behalf of the LLC, including but not limite	d to th	e Opt	ions
	Below (Unlimited Authority).			
Owned	He/She has Authority to Execute an Instrument Conveying (Sale/Lease by the LLC.	e) Rea	1 Prop	erty
	He/She has Authority to Purchase Property in the Name of the LLC.			
	He/She has authority to Enter into Contract(s) for the Maintenance/ Impr	oveme	ent of I	Real
Proper	•	0,01110	01 1	
	He/She has authority to Open Bank Account(s) in Name of the LLC.			
	He/She has authority to Close Bank Account(s) Owned by the LLC.			
	He/She has authority to Use, Execute, Negotiate, and/or Assign LLC Do	ebit/Cr	edit C	ards
and/or	other instruments of payment on behalf of the LLC.			
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's P	'ersona	il Prop	erty
(E.g., \	Vehicles/Equipment).			
	He/She has authority to Enter into Contract(s) for the Purchase of Persona	al Prop	erty (I	E.g.,
	es/Equipment).			
	He/She has authority to Enter into Contract(s) for the Purchase of Supplie			
	He/She has authority to Enter into Contract(s) for the Purchase of Materia	• /		
_	He/She has authority to Enter into Contract(s) for the Purchase of Mercha			
	He/She has authority to Enter into Contract(s) for the Purchase of Service			
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Supplies.			
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's M	⁄ateria	ıl(s).	
П	He/She has authority to Enter into Contract(s) for the Sale of the LLC's N	<b>Aercha</b>	ndise	

	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Services.
	He/She has authority to Enter into and maintain Contract(s) for Insurance Services on
behal	f of the LLC.
	He/She has authority to File Annual Reports with State of Florida.
	He/She has authority to Amend Annual Reports with State of Florida.
	He/She has authority to File Statement of Authority(s) with State of Florida.
	He/She has authority to Amend/Cancel/Renew Statement of Authority(s) in State of
Floric	
	He/She has authority to Amend Articles of Organization.
If mo	re space was needed, a separate sheet(s) of paper will be attached to the back of this form.
MAN	AGER:
\—	Leutu Shudh Date: 5/8/24  ntine L. Smith, Jr., Manager
v alvi.	itine C. Sillitti, Jr., Managei

FILED
2024 HAY 21 AM II: 21