

L 98000001449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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DEC 01 2015

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**Distinctive Title Services, Inc.**  
**12012 South Shore Boulevard, Suite 102, Wellington, Florida 33414**  
**Phone 561-515-0832 Fax 561-515-0842**

November 24, 2015

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re:

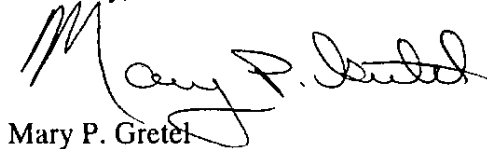
Seller: Glenshore, L.L.C.  
Our File No.: 15-173

Ladies/Gentlemen:

Please find enclosed our check in the amount of \$55.00 for the Statement of Authority for the above referenced LLC. Please forward a certified copy of the Statement of Authority using our FEDEX envelope provided.

Should you have any questions, please feel free to call us.

Sincerely,



Mary P. Gretel  
Escrow Officer

Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Glenshore, L.L.C., a Florida Limited Liability Company  
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:

Mary P. Gretel

Name of Person

Distinctive Title Services, Inc.

Firm/Company

12012 South Shore Boulevard, Suite 102

Address

Wellington, Florida 33414

City/State and Zip Code

mgretel@distinctivetitle.com

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

For further information concerning this matter, please call:

Mary P. Gretel

Name of Person

at (561)

Area Code

515-0832

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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: Glenshore, L.L.C., a Florida Limited Liability Company

SECOND: The Florida Document Number of the limited liability company is: L98000001449

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

222 Lakeview Avenue

Penthouse 5

West Palm Beach, Florida 33401

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

222 Lakeview Avenue

Penthouse 5

West Palm Beach, Florida 33401

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: Carlos Morrison, Manager and Thomas Morrison, Manager

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

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

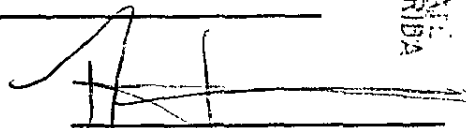
a. Granted to: Carlos Morrison, Manager and Thomas Morrison, Manager

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



Signature of authorized representative

CARLOS MORRISON



Typed or printed name of signature

THOMAS MORRISON

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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