

199 00000 3997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

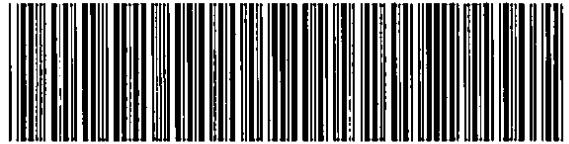
(Business Entity Name)

(Document Number)

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2020 MAR 20 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 01 2020
M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quadrille, 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:

G. Todd Cottrill

Name of Person

Heekin Law, P.A.

Firm/Company

4540 Southside Blvd., Suite 702

Address

Jacksonville, FL 32216

City/State and Zip Code

khome@entre.com

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

For further information concerning this matter, please call:

G. Todd Cottrill

904

998-9733

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: Quadrille, LLC

SECOND: The Florida Document Number of the limited liability company is: L99000003997

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

818 A1A NORTH

Suite 300

PONTE VEDRA BEACH, FL 32082

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

818 A1A NORTH

Suite 300

PONTE VEDRA BEACH, FL 32082

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: Donis P. Horne, Jr., and Karol Horne

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: _____

b. No authority granted to: _____

Signature of authorized representative

Donis P. Horne, Sr.

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED
2020 MAR 20 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA