

L 99000005366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

DEC 13 2016

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Townsend TND, 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:

Andrew Coffey, Esq.

Name of Person

C. David Coffey, P.A.

Firm/Company

300 E. University Ave., Suite 110

Address

Gainesville, FL 32061

City/State and Zip Code

linda@dcoffeylaw.net

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

For further information concerning this matter, please call:

Andrew Coffey

Name of Person

at ( 352 )

Area Code

335-8442

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: Townsend TND, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L99000005366

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

300 E. University Ave., Suite 110

Gainesville, FL 32601

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

300 E. University Ave., Suite 110

Gainesville, FL 32601

**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.

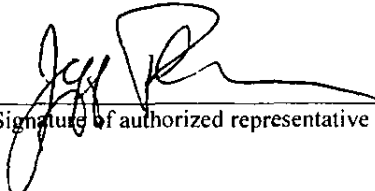
a. Granted to: C. David Coffey

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: C. David Coffey

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

  
\_\_\_\_\_  
Signature of authorized representative

Jeffrey Fleeman

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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16 DEC 12 PM 8:25  
TOWNSEND, FLORIDA