

L160000874.90

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Townsend TND Development, 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 at (352) 335-8442
Name of Person Area Code 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 Development, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000087490

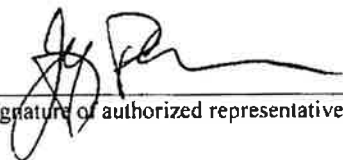
THIRD: The street address of the limited liability company's principal office is:
300 E. University Ave., Suite 110
Gainesville, FL 32601

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 position of a person in a company, whether as a member, transferee, manager, officer or otherwise or 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: _____

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TALLAHASSEE, FLORIDA



Signature of authorized representative

Jeffrey Fleeman

Typed or printed name of signature

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