

LETTER OF AUTHORIZATION TO SIGN FOR PERMITS 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

Joseph Leslie	(license holder name), lice	nsed qualifier
SBA NETWORK SERVIC	ES LLC (company name), do certify that
the below referenced person(s) listed on this for employee leasing arrangement; or, is an officer Florida Statutes Chapter 468, and the said pers control and is/are authorized to purchase permit	m is/are employed by me direct of the corporation; or, partner as on(s) is/are under my direct sup	ervision and
Printed Name of Person Authorized	Signature of Authorized	
1 Amanda Novas	1. Amanda Novas Date: 20	signed by Amanda Novas 125.06.25 13.09:33 -04007
2. Ivette Cabreja	1vette Cabreja 2. 2025-07-09 18:29-04:00	
3.	3.	
4.	4.	
5.	5.	
officers, or employees and that I have full response and ordinances inherent in the privilege granted in the privilege gr	d is/are no longer employee(s), or anges and submit a new letter of silure to do so may allow unauthor permits.	or officer(s), you authorization
Joseph & Lesli	License Number	Date
	OSEPH LESLIE Oy me or has produced identification this TH day of JULY NETTE ELIZABILITATION Commission # HH 686107 Expires June 9, 2029	tion 20_25.
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