

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____
(Name of Limited Liability Company)

DOCUMENT NUMBER: _____

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at _____
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle
Tallahassee, Florida 32314

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

STATEMENT OF AUTHORITY

Pursuant to section 605.0302, Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: _____.

SECOND: The limited liability company was registered with the Florida Department of State on _____ and assigned document number _____.

THIRD: The street and mailing address of the limited liability company's principal office is _____.

FOURTH (OPTION 1): The names and addresses of the (manager(s)/member(s)) authorized to execute an instrument transferring real property held in the name of the limited liability company (is/are):

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FOURTH (OPTION 2): If applicable, state or include the authority, or limitations on the authority, of any of the (manager(s)/member(s)) to enter into other transactions on behalf of the limited liability company, and any other matter:

**Names and addresses
of (Manager(s)/Members(s)):**

**Statement of Authority
or Limitation of Authority:**

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The execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signed this _____ day of _____, _____.

Signatures of a (manager/member): _____

Typed or printed name of person signing above: _____

NOTE: A FILED STATEMENT OF AUTHORITY IS CANCELED FIVE YEARS AFTER THE DATE ON WHICH THIS STATEMENT, OR THE MOST RECENT AMENDMENT, WAS FILED WITH THE DEPARTMENT OF STATE.