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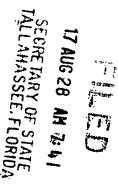
(Re	questor's Name)		
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## **COVER LETTER**

Division of Corporations		
6 LLC SUBJECT:		
	Limited Liability Comp	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) at	re submitted for filing.	
Please return all correspondence concerning this	matter to the following:	:
David W. Wilcox		
Name of Person	<del></del>	
David W. Wilcox, Attorney		
Firm/Company	**************************************	
308 13th St. W.		
Address		
Bradenton, FL 34205		
City/State and Zip Code		
dwilcox@wilcox-law.com		
E-mail address: (to be used for future an	nual report notification	))
For further information concerning this matter, pl	ease call:	
David W. Wilcox	941 at ()	746-2136
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registrati Division P.O. Box	
Clifton Building 2661 Executive Center Circle Tallabasses, Florida 32201		6327 see, Florida 32314

TO:

Registration Section

## STATEMENT OF AUTHORITY

Pursuant authority	to section 605.0302(1), Florida Statutes, this limited liability company submits the following:	ng statement o	ıf
FIRST:	The name of the limited liability company is: 6 LLC		
SECON	D: The Florida Document Number of the limited liability company is:	)	Berlikerin
THIRD:	The street address of the limited liability company's principal office is:  800 Morgan-Johnson Rd.		
	Bradenton, FL 34208		
	The mailing address of the limited liability company's principal office is:  Same		
position	H: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following:  1. May execute an instrument transferring real property held in the name of the company  a. Granted to: James K. Toomey	SAH TAN	eran Gran
	b. No authority granted to:	DA L	
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa  a. Granted to:  James K. Toomey	iny.	
	b. No authority granted to:		
Lou	. Yoomen Lori Toomey		
Signature	re of authorized perfesentative  Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)	signature	