

L16000116845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. SCOTT  
JAN 17 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Acme Property Management, 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:

Alyssa DeBell  
Name of Person  
Law Office of Bonnie A. Brown  
Firm/Company  
514 Colorado Avenue  
Address  
Stuart, Florida 34990  
City/State and Zip Code

Pinto@pjpinto.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alyssa DeBell at ( 772 ) 221-9024  
Name of Person Area Code Daytime Telephone Number

*Please send us  
a certified copy  
back in the enclosed  
self addressed stamped  
envelope.*

**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

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TALLAHASSEE, FLORIDA

**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: Acme Property Management, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L16000116845

**THIRD:** The street address of the limited liability company's principal office is:  
4300 South US Highway 1, Suite 203-346  
Jupiter, FL 33477

The mailing address of the limited liability company's principal office is:  
4300 South US Highway 1, Suite 203-346  
Jupiter, FL 33477

**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.

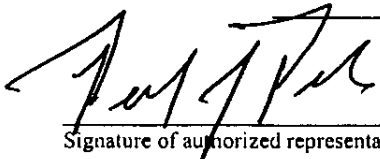
a. Granted to: Peter J. Pinto

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: Peter J. Pinto

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

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

Peter J Pinto  
\_\_\_\_\_  
Typed or printed name of signature

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TALLAHASSEE, FLORIDA

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

# New Horizons Holdings, LLC

Tuesday, December 20, 2016

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

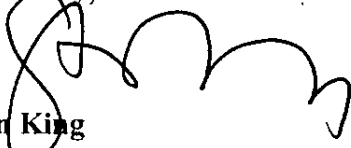
VIA FEDEX OVERNIGHT DELIVERY- Tracking ID: 7781 6601 1526

In Re: New Horizons Holdings, LLC  
FL Document# M1300005921

Please find enclosed the completed Application by Foreign Limited Liability Company to file Amendment to Certificate of Authority to Transact Business in Florida, along with a check in the amount of \$25.00 for the processing fee.

Should you require any further information, please let me know.

Respectfully,

  
Steven King  
Executive Vice President, Chief Compliance Officer  
[SKing@LiveWellHoldings.net](mailto:SKing@LiveWellHoldings.net)  
Direct: 305-455-3862  
Facsimile: 954-436-4263

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