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(((H18000109213.3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : WARD, DAMON & POSNER, P.A.

Account Number : 072262000447

Phone Fax Number : (561)842-3000 : (561)842-3626

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1001 N BENEVA ROAD LLC

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		(((114000103213 3)))
STATEN	tent of authority	
Pursuant to section 605.0302(1), Plorida Statutes, authority;	this limited liability company	submits the following statement of
FIRST: The name of the limited liability compan	y is: 1001 N BENEVA I	ROAD LLC
		1.18000022500
SECOND: The Florida Document Number of the		
THIRD: The street address of the limited liability 7 LAGOMAR ROAD	v company's principal office i	s:
PALM BEACH, FL 33480		-10 6
17 1517 5417 5417 12 55170		
The mailing address of the limited liable 7 LAGOMAR ROAD	lity company's principal offic	*is: SSE & M
PALM BEACH, FL 33480		75.5
	- tr	DRIE 5
FOURTH: This statement of authority grants or a position of a person in a company, whether as a meterson on the following:  1. May execute an instrument transferring.  a. Granted to: N/A	sets limitations of authority or ember, transferee, manager, o	fficer or otherwise or to a specific
a. Granted to:	•••	
b. No authority granted to:	ell, mortgage or encum	ber properties.
2. May enter into other transactions on	behalf of, or otherwise act fo	r or bind, the company.
a. Granted to: KYLIE JAC		· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	air agreements and rel	ated matters).
b. No authority granted to:	ell, mortgage or encum	ber properties.
	عد المساحات الم	
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	-:MATE	HEU P. ROSINSKY
Signature of authorized representative	Турес	or printed name of signature
Filin	g Fee: \$25.00 ified Copy: \$30.00 (options)	

CR2E138 (2/14)