

L11000093875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AUG 11 2015

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**LARRY L. ADAIR, P. A.**

ATTORNEY AT LAW

9715 WEST BROWARD BOULEVARD

SUITE NUMBER 303

PLANTATION, FLORIDA 33324

e-mail address: [larry@lladairlaw.com](mailto:larry@lladairlaw.com)

LARRY L. ADAIR  
MEMBER FLORIDA AND TEXAS BAR

(954) 600-3266  
FAX: (954) 424-7411

August 6, 2015

Honorable Florida Secretary of State  
Division of Corporation  
Registration Section  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: **LEE DECAN INVESTMENTS, LLC**  
**Florida Document Number: L11000093875**  
**Statement Of Authority**

Gentlemen:

We enclose in connection with the above-referenced Florida limited liability company, the following items, including:

- a. COVER LETTER of this date together with attached completed and executed STATEMENT OF AUTHORITY in favor of:

(1) **LENNON LEE.**

which we kindly request be filed among the Records of the of LEE DECAN INVESTMENTS, LLC, a Florida limited liability company.

- b. Our Check dated this date and payable to the Florida Department Of State in the amount of \$25.00 and representing the required Filing Fee for the enclosed Statements Of Authority.

Should, of course, you have any questions in this regard, please contact the undersigned; otherwise, we kindly ask you file the enclosed item among the official records of the Department Of State - Division of Corporation and return to this office a certified copy of each filed item.

Very truly yours,

Larry L. Adair, Esquire

LLA:ch  
Enclosures

**FILED**  
915 AUG 10 P 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LEE DECAN INVESTMENTS, 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:

**LARRY L. ADAIR, ESQUIRE**

Name of Person

**LARRY L. ADAIR, P. A.**

Firm/Company

**9715 West Broward Boulevard Suite # 303**

Address

**Plantation, Florida 33324**

City/State and Zip Code

**[larry@lladairlaw.com](mailto:larry@lladairlaw.com)**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Larry L. Adair, Esq.** at **954** **600-3266**  
Name of Person Area Code Daytime Telephone Number

**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: LEE DECAN INVESTMENTS, LLC

SECOND: The Florida Document Number of the limited liability company is: L11000093875

THIRD: The street address of the limited liability company's principal office is:

3241 SOUTHWEST 147TH COURT

MIAMI, FLORIDA 33185

The mailing address of the limited liability company's principal office is:

3241 SOUTHWEST 147TH COURT

MIAMI, FLORIDA 33185

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.

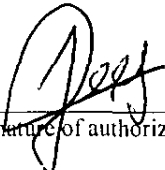
a. Granted to: LENNON LEE

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: LENNON LEE

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

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

CARLOS J. LEE

\_\_\_\_\_  
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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