108000049835

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COVER LETTER

TO: Registration Section
Division of Corporations

311 SEA MONARCH LLC

SUBJECT:			
· ·	Name of Limi	ted Liability Comp	oany
Dear Sir or M	ladam:		
The enclosed	Statement of Authority and fee(s) are su	bmitted for filing.	
Please return	all correspondence concerning this matte	er to the following:	
Paul N. Se	chlemmer		
	Name of Person		
The Schle	emmer Firm, LLC		
	Firm/Company		
830 Third	Avenue, 5th Floor		
	Address		
New York	, NY 10022		
	City/State and Zip Code		
paul@sch	lemmerfirm.com		
E-m	ail address: (to be used for future annual	report notification)
For further in	formation concerning this matter, please	call:	
Paul N. S	chlemmer	212 at (390-8030
	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

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability c authority:	ompany submits the following statement of A MONARCH LLC
FIRST: The name of the limited liability company is:	A MONAROH LLC
SECOND: The Florida Document Number of the limited liability com	L08000049835
THIRD: The street address of the limited liability company's principal 111 N. Pompano Beach Blvd. #313	l office is:
Pompano Beach, FL 33062	
The mailing address of the limited liability company's princi 111 N. Pompano Beach Blvd. #313	ipal office is:
Pompano Beach, FL 33062	•
FOURTH: This statement of authority grants or sets limitations of aut position of a person in a company, whether as a member, transferee, maperson on the following: 1. May execute an instrument transferring real property held Paul N. Schlemmer a. Granted to:	in the name of the company.
b. No authority granted to:	AH 10: 20
May enter into other transactions on behalf of, or otherwing Paul N. Schlemmer, Free a. Granted to: Comparison	dric N. Schlemmer
b. No authority granted to:	
Lan C	Paul N. Schlemmer, Trustee
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (Typed or printed name of signature optional)