## 111000135605

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## COVER LETTER

TO:	Registration Section Division of Corporations		
SHRII	101 BYERS COURT, LLC		
27(110)		ted Liability Comp	oany
Dear S	ir or Madam:		
The en	closed Statement of Authority and fee(s) are su	bmitted for filing.	
Please	return all correspondence concerning this matter	er to the following:	
ADA	M SELIGMAN, ESQ.		
	Name of Person		
WAF	RD DAMON		
	Firm/Company		
4420	BEACON CIRCLE		
****	Address		
WES	ST PALM BEACH, FLORIDA 33407		
	City/State and Zip Code		
ASE	LIGMAN@WARDDAMON.COM		
	E-mail address: (to be used for future annual	report notification	1)
For fu	rther information concerning this matter, please	call:	
ADA	M SELIGMAN	561	842-3000
	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	Registrati Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, Florida 32314

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited authority:	liability company submits the following statemen	nt of
FIRST: The name of the limited liability company is: 101	BYERS COURT, LLC	<u></u>
SECOND: The Florida Document Number of the limited lial	bility company is: L11000135605	
THIRD: The street address of the limited liability company.  7 LAGOMAR ROAD, PALM BEACH, FI		
The mailing address of the limited liability compared to LAGOMAR ROAD, PALM BEACH, FI		
FOURTH: This statement of authority grants or sets limitati position of a person in a company, whether as a member, transperson on the following:  1. May execute an instrument transferring real pro  a. Granted to: N/A	sferee, manager, officer or otherwise or to a speci perty held in the name of the company.	ific
b. No authority granted to: sell,mortga	age or encumber properties	18 JAN 17
May enter into other transactions on behalf of,     a. Granted to : Michelle Jackson -	or otherwise act for or bind, the company.	州   : 05
bank accounts, repair agree		
b. No authority gramed to:	age or encumber properties	
4	MATHIEU P. ROSINSKY	
Signature of authorized representative Filing Fee: Certified Copy	Typed or printed name of signature \$25.00 : \$30.00 (optional)	<del></del>