

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

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

Account Number : 072262000447

Phone : (561)842-3000

Fax Number : (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.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 5112 STACY ROAD LLC

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STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following authority:	statement of
FIRST: The name of the limited liability company is: 5112 STACY ROAD LLC	
SECOND: The Florida Document Number of the limited liability company is: L18000009190	
THIRD: The street address of the limited liability company's principal office is: 7 LAGOMAR ROAD, PALM BEACH, FL 33480	
The mailing address of the limited liability company's principal office is: 7 LAGOMAR ROAD, PALM BEACH, FL 33400	
FOURTH: This statement of authority grants or sets limitations of authority on all persons having the position of a person in a company, whether as a member, transferee, manager, officer or otherwise of person on the following: 1. May execute an instrument transferring real property held in the name of the company a. Granted to: N/A	No a specific
b. No authority granted to: sell,mortgage or encumber properties	2 Me (10)
2. May enter into other transactions on behalf of, or otherwise act for or bind, the compana a. Granted to: Michelle J. Mickle - leases, utilities bank accounts, repair agreements and related matters	ıy.
b. No authority granted to: sell, mortgage of ancumber properties	
MATHIEU P. ROSINS Signature of authorized representative Filling Fee: \$25.00 Certified Copy: \$30.00 (optional)	