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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: AANDE PROPERTIES UC 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:		
AUST LAW FIRM Firm/Company		
1220 E LIVINGSTON ST		
City/State and Zip Code		
dove attorney @ austlaw. biz E-mail address: (to be used for further annual report notification)		
For further information concerning this matter, please call:		
Name of Person at 407, 447-5399 Area Code Daytime Telephone Number		

-Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF AUTHORITY

We, ANTHONY ROY and ELIANA ROY, as Authorized Members for AANDE PROPERTIES LLC (hereinafter "Company"), with the principal and mailing address of 801 West 1st Street, Sanford, Florida 32771 state the authority granted for the following persons and positions:

- 1. ANTHONY ROY, as Authorized Member of the Company, has the absolute authority to:
 - a. Execute an instrument transferring real property held in the name of the Company; and
 - b. Enter into other transactions on behalf of, or otherwise act for or bind, the Company.
- 2. ELIANA ROY, as Authorized Member of the Company, has the absolute authority to:
 - a. Execute an instrument transferring real property held in the name of the Company; and
 - b. Enter into other transactions on behalf of, or otherwise act for or bind, the Company.

This Statement of Authority is effective as of 17th day of May, 2022.

ANTHONY ROY, Authorized Member

ELIANA ROY, Authorized Member

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