

L0700009130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

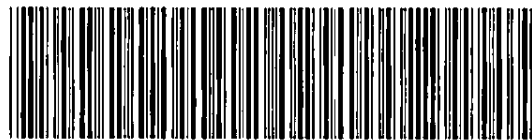
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2024 APR -2 PM 4:45

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 197 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:

\_\_\_\_\_  
Name of Person

Blind Beak LLC, Trustee of the Lucky Lurtz Rev. Trust Dtd 1/13/2024

\_\_\_\_\_  
Firm/Company

PO Box 870844

\_\_\_\_\_  
Address

Boca Raton, Florida 33497

\_\_\_\_\_  
City/State and Zip Code

mship44@gmail.com

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

For further information concerning this matter, please call:

Arianna Witig  
Name of Person

at (

561)  
Area Code

213-9699  
~~213-9699~~  
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

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: 197 LLC

**SECOND:** The Florida Document Number of the limited liability company is: L07000099130

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

197 65TH TERRACE NORTH

WEST PALM BEACH, FL 33413

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

PO BOX 970844

BOCA RATON, FL 33497

**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: Wisemanagement Property Consulting & Management LLC

Arianna Wittig

b. No authority granted to: Lighthouse Mgt LLC,

PETER LURTZ TRUST

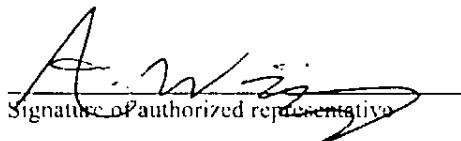
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Wisemanagement Property Consulting & Management LLC

Arianna Wittig

b. No authority granted to: Lighthouse Mgt LLC,

PETER LURTZ TRUST

  
Signature of authorized representative

Arianna Wittig  
Typed or printed name of signatory

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)