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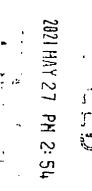
(Requestor's Name)						
(Address)						
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(Document Number)						
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COVER LETTER

TO:		ristration Section ision of Corporations		
	٥.,	SECURANCE LLC		
SUBJE	CT:	Name of Limi	ted Liability Com	pany
Dear Si	r or l	Madam:		
The end	closed	i Statement of Authority and fee(s) are su	bmitted for filing.	
Please :	retwr	all correspondence concerning this matter	r to the following:	:
Paul A	shc			
		Name of Person		
Secura	nce L	LC		
		Firm/Company		
13904	Moni	roes Business Park		
		Address		
Tampa	, FL	33635		
		City/State and Zip Code		
pashe@)secu	ranceconsulting.com		
	E-1	nail address: (to be used for future annual	report notification	n)
For furt	ther i	nformation concerning this matter, please	call:	
Paul A	she		877	578-0215
		Name of Person	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

authority:				ed liability company submits the f	ollowing states	iem oi
FIRST: 1	The name o	of the limited liab	bility company is:	CURANCE LLC		_
SECOND	: The Flo	rida Document N	Number of the limited l	iability company is:	08	
		address of the literates Business Pa	mited liability compan ark	y's principal office is:		28
1	ſampa, FL	33635				21 H.A
_		·				2821 HAY 27
		ng address of the	ark	eany's principal office is:). .)	PM 2:
1	ampa, FL	33635			~F1.7	. L
_						
1.	. May ex a.	Granted to:		roperty held in the name of the congly: Paul Ashe, President	mpany.	
	b.	No authority gr	ranted to:			
2.	May er a.	Granted to:		, or otherwise act for or bind, the ingly: Paul Ashe, President	company.	
	b.	No authority gr	ranted to:			
I	U	1		Paul Ashe, Managing		_
Signafure o	f authoriz	ed representative	Filing Fee:	Typed or printed na \$25.00 y: \$30.00 (optional)	me of signature	_