103000056913

(Re	equestor's Name)	······		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

0/5/17

COVER LETTER

TO:	Registration Section Division of Corporations	•	
SUBJE	REHBAUM PROPERTIES 2	2, LLC	
SUBJE		imited Liability Comp	pany
Dear Si	r or Madam:		
The enc	closed Statement of Authority and fee(s) are	submitted for filing.	
Please r	return all correspondence concerning this m	atter to the following:	
JAME	ES A. MYERS, ESQ.		
	Name of Person	_	
BOW	EN & SCHROTH, PA		
	Firm/Company	. ==	
600 J	IENNINGS AVENUE		
	Address		
EUST	ΓIS, FL 32726		
	City/State and Zip Code	 	
JMYE	ERS@BOWENSCHROTH.COM		
	E-mail address: (to be used for future ann	ual report notification)
For furt	ther information concerning this matter, plea	ase call:	
JAME	ES A. MYERS, ESQ.	352	589-1414
	Name of Person	Area Code	Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liabia uthority:		of
FIRST: The name of the limited liability company is: REHBAI	UM PROPERTIES 2, LLC	_
SECOND: The Florida Document Number of the limited liability	company is: L03000056913	
THIRD: The street address of the limited liability company's prin		
LONGWOOD, FL 32779		
The mailing address of the limited liability company's part 210 E. 3RD AVENUE	principal office is:	
MOUNT DORA, FL 32757		
FOURTH: This statement of authority grants or sets limitations of position of a person in a company, whether as a member, transfered person on the following: 1. May execute an instrument transferring real property a. Granted to: CAROLYN REHBAUM	e, manager, officer or otherwise or to a specification the name of the company.	4
b. No authority granted to: N/A	F.S. 3	היים היים ביים
May enter into other transactions on behalf of, or oth a. Granted to: CAROLYN REHBAUM		•
b. No authority granted to: N/A		
aum Tollan	CAROLYN REHBAUM	
Signature of authorized representative Filing Fee: \$25 Certified Copy: \$30		