

L04 0000003670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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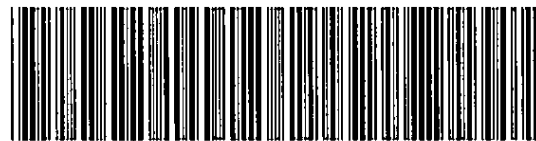
(Business Entity Name)

(Document Number)

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R. WHITE

JUN 18 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Duskin Family Limited Liability Company

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:

Richard Duskin

Name of Person

Firm/Company

942 NW 56 St

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

nikduskin@aol.com

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

For further information concerning this matter, please call:

Nicole Duskin

954

279-6572

Name of Person

at (_____) _____
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

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: Duskin Family Limited Liability Company

SECOND: The Florida Document Number of the limited liability company is: L04000003670

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

942 NW 56 St

Fort Lauderdale, FL 33309

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

942 NW 56 St

Fort Lauderdale, FL 33309

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: Richard Duskin

b. No authority granted to: _____

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

a. Granted to: Richard Duskin

b. No authority granted to: _____


Signature of authorized representative

Richard Duskin

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)