

104 000039533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EISENHOWER PROPERTY GROUP, 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:

BRIAN ROSE

Name of Person

EISENHOWER PROPERTY GROUP, LLC

Firm/Company

111 S. ARMENIA AVE.; SUITE 201

Address

TAMPA, FL 33609

City/State and Zip Code

brose@eisenhowerpropertygroup.com

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

For further information concerning this matter, please call:

Brian Rose at (813) 610-3043
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

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: EISENHOWER PROPERTY GROUP, LLC

SECOND: The Florida Document Number of the limited liability company is: L04000039533

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

111 S. ARMENIA AVE.

SUITE 201

TAMPA, FL 33609

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

111 S. ARMENIA AVE.

SUITE 201

TAMPA, FL 33609

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.

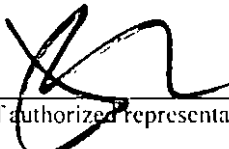
a. Granted to: NICHOLAS J. DISTER

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: NICHOLAS J. DISTER

b. No authority granted to: _____



Signature of authorized representative

JEFFERY S. HILLS

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

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