

L05000027235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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S. YOUNG

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S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Loebel Properties 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:

Susan Slutsky
Name of Person

Firm/Company

2175 SW Forest Hills Lane
Address

Palm City, FL 34990
City/State and Zip Code

susan.slutsky@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Slutsky at 772 215-1359
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: Loebel Properties, LLC

SECOND: The Florida Document Number of the limited liability company is: L05000027235

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

6394 San Michel Way
Delray Beach, FL 33484

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

2175 SW Forest Hills Lane
Palm City, FL 34990

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: Susan Slutsky

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: Susan Slutsky

b. No authority granted to: _____


Signature of authorized representative

Leon Beltzer
Typed or printed name of signature

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

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