## LO7 DODO 39860

(Reque	estor's Name)	·
(Addre	ss)	
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(City/S	tate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
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(Docur	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fili	ng Officer:	
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## COVER LETTER

TO: Registration Section Division of Corporations		
Saoua, LLC		
SUBJECT: Name of	Limited Liability Comp	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Noel Ancanan		
Name of Person		
Firm/Company		
3322 Olympic Drive Apt 222		
Address		
Naples, FL 34105		
City/State and Zip Code		
noel_ancanan@hotmail.com		
E-mail address: (to be used for future ar	nnual report notification	1)
For further information concerning this matter, pl	lease call:	
Noel Ancanan	239	404-1983
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations	Registrati	G ADDRESS: ion Section of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box TaHahass	6327 ee, Florida 32314

Tallahassee, Florida 32301

## STATEMENT OF AUTHORITY

FIRST: The	name of the limited liability company is: Saoua, LLC		_
SECOND:	The Florida Document Number of the limited liability company is: L07000039860		
	ne street address of the limited liability company's principal office is: 66 Midas Place, Naples, FL 34105		
	the mailing address of the limited liability company's principal office is:  66 Midas Place, Naples, FL 34105		
FOURTH:	This statement of authority grants or sets limitations of authority on all persons having person in a company, whether as a member, transferee, manager, officer or otherwise of	the status ir to a spe	or cific
person on the			
	a. Granted to:	•	
			form
2.	a. Granted to:	2019 HAT -8	
2.	b. No authority granted to:  May enter into other transactions on behalf of, or otherwise act for or bind, the compa	2019 HAY -8 P 12: 5	

CR2E138 (2/14)

## STATEMENT OF AUTHORITY

uthority:	e of the limited liability company is: Saoua, LLC		
IRST: The nam	e of the littined hability company is:		
	Torida Document Number of the limited liability company is:	39860	
	ret address of the limited liability company's principal office is:  Midas Place, Naples, FL 34105		
	c.t. Limit A linkility company's principal affice is:		
	ailing address of the limited liability company's principal office is:  Midas Place, Naples, FL 34105		
FOURTH: Inis	statement of authority grants or sets limitations of authority on all persons on in a company, whether as a member, transferce, manager, officer or other	s having the status or nerwise or to a specific	c
position of a persperson on the following	on in a company, whether as a member, transferce, manager, officer or out lowing:	representation of the appearance	c
oosition of a pers person on the foll	on in a company, whether as a member, transferce, manager, officer of our lowing:  y execute an instrument transferring real property held in the name of the o	representation of the appearance	c
osition of a pers person on the foll	on in a company, whether as a member, transferce, manager, officer or out lowing:	company.	c
position of a persperson on the following	on in a company, whether as a member, transferee, manager, officer of our lowing:  y execute an instrument transferring real property held in the name of the organization.  a. Granted to:	company.	c
position of a person on the following the fo	on in a company, whether as a member, transferee, manager, officer of our lowing:  y execute an instrument transferring real property held in the name of the orange at the contract of the co	company.	C E
position of a person on the following the fo	on in a company, whether as a member, transferee, manager, officer of our lowing:  y execute an instrument transferring real property held in the name of the organization.  a. Granted to:	company.	
position of a person on the following the fo	on in a company, whether as a member, transferee, manager, officer of outlowing:  y execute an instrument transferring real property held in the name of the office a. Granted to:	company.  2019 HAT -8  the company.	
position of a person on the following the fo	on in a company, whether as a member, transferee, manager, officer of outlowing:  y execute an instrument transferring real property held in the name of the oral a. Granted to:  b. No authority granted to:  a. Granted to:  Cecilio F. Aldana  a. Granted to:  Cecilio F. Aldana  b. No authority granted to:  Cecilio F. Aldana  b. No authority granted to:  Corazon J. La	company.  2019 HAY - 8 FD IZ: 59	