## 207000044484

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  CORRECTION TO DOCUMENT PER  CONVENSATION WITH CAROLE COX  6/3/2015 KS
7

Office Use Only



000273315780

OS/29/15--01002--005 \*\*25.00

2015 HAY 29 PM 3: 54

77

K.SALY EXAMINER JUN - 3 2015

## **COVER LETTER**

TO: Registration Section Division of Corporations			
OET(VI)S, LLC		-	
SUBJECT: Name of Li	mited Liability Comp	pany	
Dear Sir or Madam:			
The enclosed Statement of Authority and fee(s) are	submitted for filing		
·	_		
Please return all correspondence concerning this ma	atter to the following:	:	
Carala Cay			
Carole Cox			
Name of Person			
HOBBY & HOBBY,PA			
Firm/Company			
5709 Tidalwave Dr., New Port Richey,	FL 34652		
Address			
City/State and Zip Code			
carole.cox@hobbylaw.com			
E-mail address: (to be used for future annu	ual report notification	1)	
For further information concerning this matter, plea	se call:		
Carole Cox	727	8475854 ext 406	
Name of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		

Tallahassee, Florida 32301

## STATEMENT OF AUTHORITY

Pursuant authority	to section 605.0302(1), Florida Statutes, this limited liability company submits the follow	ing statement of
FIRST:	The name of the limited liability company is: OET(VI)S, LLC	<del></del>
SECON	The Florida Document Number of the limited liability company is: L07000044484	1
THIRD:	The street address of the limited liability company's principal office is: 500 South Florida Avenue, Suite 700	
	Lakeland, FL 33801	1 7 E
	The mailing address of the limited liability company's principal office is: 500 South Florida Avenue, Suite 700	2015 MAY 29 PH 3: 54
	Lakeland, FL 33801	5.54 5.54 3.54
position	H: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise the following:  1. May execute an instrument transferring real property held in the name of the company a. Granted to:  OET VI TRUST, as Manager  By William D. Drost, Its Trustee	or to a specific
	b. No authority granted to:	
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the comp  a. Granted to: OET VI TRUST, as Manager  By William D. Drost, Its Trustee	any.
Signatur	Lawrence W. Maxwell, as Manager of Manager of Odyssey Diversified VI, Lof Of authorized representative  Estate Foot	LC, the sole Member ommercial DP V, LLC

CR2E138 (2/14)

Certified Copy: \$30.00 (optional)