

LD7000098006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JUDITH SELZ #8 L.L.C.

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:

**ROBERT E. SELZ**

Name of Person

**JUDITH SELZ #8 L.L.C.**

Firm/Company

**717 LAYNE BLVD.**

Address

**HALLANDALE, FL 33009**

City/State and Zip Code

**JUDYSELZ@BELLSOUTH.NET**

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

For further information concerning this matter, please call:

**ROBERT E. SELZ**

at ( **954** ) **454-5568**

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



**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: JUDITH SELZ #8 L.L.C.

**SECOND:** The Florida Document Number of the limited liability company is: L07000098006

**THIRD:** The street address of the limited liability company's principal office is:  
717 LAYNE BLVD., HALLANDALE BEACH, FL 33009

The mailing address of the limited liability company's principal office is:  
717 LAYNE BLVD., HALLANDALE BEACH, FL 33009

**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.

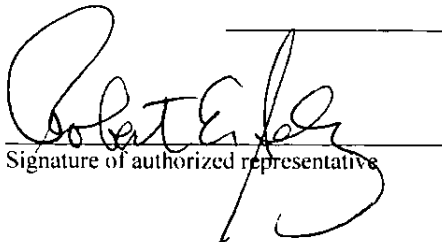
a. Granted to: ROBERT E. SELZ and JUDITH L. SELZ

b. No authority granted to: KAREN A. SELZ or STEVEN M. SELZ

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

a. Granted to: ROBERT E. SELZ and JUDITH L. SELZ

b. No authority granted to: KAREN A. SELZ or STEVEN M. SELZ

  
Signature of authorized representative

ROBERT E. SELZ  
Typed or printed name of signature

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