

L0700009130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

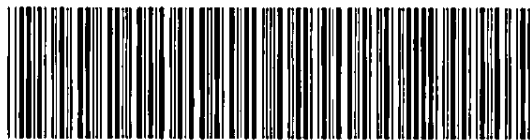
(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 197 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:

Name of Person

Blind Beak LLC, Trustee of the Lucky Lurtz Rev. Trust Dtd 1/13/2024

Firm/Company

PO Box 870844

Address

Boca Raton, Florida 33497

City/State and Zip Code

mship44@gmail.com

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

For further information concerning this matter, please call:

Arianna Witig
Name of Person

at (

561)
Area Code

213-9699
~~213-9699~~
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: 197 LLC

SECOND: The Florida Document Number of the limited liability company is: L07000099130

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

197 65TH TERRACE NORTH

WEST PALM BEACH, FL 33413

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

PO BOX 970844

BOCA RATON, FL 33497

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: Wisemanagement Property Consulting & Management LLC

Arianna Wittig

b. No authority granted to: Lighthouse Mgt LLC,

PETER LURTZ TRUST

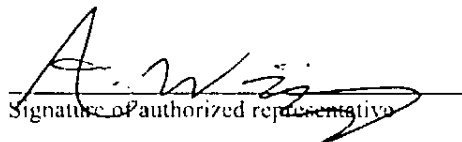
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Wisemanagement Property Consulting & Management LLC

Arianna Wittig

b. No authority granted to: Lighthouse Mgt LLC,

PETER LURTZ TRUST


Signature of authorized representative

Arianna Wittig
Typed or printed name of signatory

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