

#L08000053854

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(Address)

(Address)

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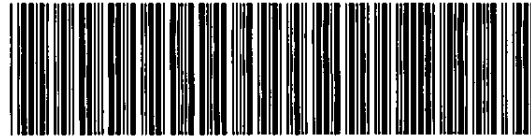
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEED

K. SALLY
EXAMINER

FEB 11 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Michael Kiefer Agency, 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:

Lynn B. Aust, Esq.

Name of Person

Lynn B. Aust, PL

Firm/Company

1220 E. Livingston St.

Address

Orlando, FL 32803

City/State and Zip Code

doveattorney@austlaw.biz

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

For further information concerning this matter, please call:

Lynn B. Aust

Name of Person

at (407) 447-5399

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

FILED

2014 FEB -7 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Michael A. Kiefer, sole Authorized Member for the Michael Kiefer Agency, (hereinafter "Company"), with the principal and mailing address of 117 Spring Valley Loop, Altamonte Springs, FL 32714, state the authority granted for the following person(s) and position(s):

1. Michael A. Kiefer, sole Authorized Member of the Company, has the sole and absolute authority to:
 - a. Execute an instrument transferring real property held in the name of the Company; and
 - b. Enter into other transactions on behalf of, or otherwise act for or bind, the Company.

This Statement of Authority is effective as of 2 day of February 2014.



Michael A. Kiefer, Authorized Member