

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ROBERT D. ROYSTON,

Account Number : I20150000047

Phone : (239)205-2225 Fax Number : (239)205-2016

**Enter the email address for this business entity to be used For annual report mailings. Enter only one email address please.

rroyston@rroystonlaw.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FRETTER ALUMNI LLC.

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JAN 1 4 2016

J SHIVERS

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Floriauthority:	da Statutes, this limite	ed liability company submits the fo	ollowing statement of
FIRST: The name of the limited liab	ility company is: FR	RETTER ALUMNI LLC	
SECOND: The Florida Document N	umber of the limited l	iability company is:_L0800005	4559
THIRD: The street address of the line 15870 PINE RIDGE F		y's principal office is:	
UNIT 3			
FORT MYERS, FL 33	3908		
The mailing address of the 15870 PINE RIDGE F	- '	oany's principal office is:	
UNIT 3			
FORT MYERS, FL 3	3908		
	ent transferring real pr DNALD BAUER	roperty held in the name of the cor	mpany. TACL SEC JA
2. May enter into other tra a. Granted to: \square	nsactions on behalf of ONALD BAUER	, or otherwise act for or bind, the o	company company
b. No authority gr	anted to:		
Contun	<u> </u>	ULRICH HERTE	 ER
Signature of authorized representative	Filing Fee:	Typed or printed na \$25.00 y: \$30.00 (optional)	me of signature