## L08000111959

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## **COVER LETTER**

TO: Registration Section Division of Corporations		•	
Cantor Spellman Management ConsuBJECT:	npany, LL	С	
Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Statement of Authority and fee(s) are submitt	ed for filing.		
Please return all correspondence concerning this matter to t	he following:		
Jeffrey A. Aman, Esquire			
Name of Person			
Aman Law Firm			
Firm/Company			
282 Crystal Grove Boulevard			
Address			
Lutz, FL 33548			
City/State and Zip Code			
jeffa@amanlawfirm.com			
E-mail address: (to be used for future annual repo	rt notification	)	
For further information concerning this matter, please call:			
Jeffrey A. Aman, Esquire	813	265-0004	
Name of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS:  Registration Section		
Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box		
2661 Executive Center Circle Tallahassee, Florida 32301	i alianass	ee, Florida 32314	

## STATEMENT OF AUTHORITY

authority:	· Snellman Management Com	nany II C
FIRST: The name of the limited liability company is: Cantor	Openinal Management Com	party, ELO
		<u>,</u>
SECOND: The Florida Document Number of the limited liabili	ity company is: L08000111959	<del> </del>
THIRD: The street address of the limited liability company's page 301 Hillside Lane		
Telluride, CO 81435		
	AL	2015
The mailing address of the limited liability company's 301 Hillside Lane	s principal office is:	
Telluride, CO 81435	1.00 1.00 1.00	AM III 3
		<del>။</del> 🐛
May execute an instrument transferring real proper     a. Granted to:		
b. No authority granted to:		
2. May enter into other transactions on behalf of, or a a. Granted to:	otherwise act for or bind, the company. nief Executive Officer	
b. No authority granted to:		
Joel & Com	Joel A. Cantor	
Signature of authorized representative  Filing Fee: \$ Certified Copy: \$	Typed or printed name of sig \$25.00 \$30.00 (optional)	nature,

CR2E138 (2/14)