## L0900025336

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
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(Document Number)		
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
EVOLUTION ORLANDO OF	FLORIDA
SUBJECT: Name of Li	mited Liability Company
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Stephen H. Price	
Name of Person	<u></u> .
Cramer, Price & deArmas, P.A.	
Firm/Company	
1411 Edgewater Drive, Ste. 200	
Address	
Orlando, FL 32804	
City/State and Zip Code	
sprice@cramerprice.com, or dsawyer@	@cramerprice.com
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter, plea	ase call:
Donna R. Sawyer	407 843-3300 x14
Name of Person	Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section

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

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: \_\_\_\_\_EVOLUTION ORLANDO OF FLORIDA SECOND: The Florida Document Number of the limited liability company is: L09000025336 THIRD: The street address of the limited liability company's principal office is: 800 Citrus Avenue Howey in the Hills, FL 34737 The mailing address of the limited liability company's principal office is: Same 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 Granted to: ELLEN YARCKIN b. No authority granted to: 2. May enter into other transactions on behalf of, or otherwise act for or bind, the company. Granted to: ELLEN YARCKIN b. No authority granted to:

ignature of authorized representative

Ellen Yarckin

Typed or printed name of signature

Filing Fee:

\$25.00

Certified Copy: \$30.00 (optional)