

LOG000026764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

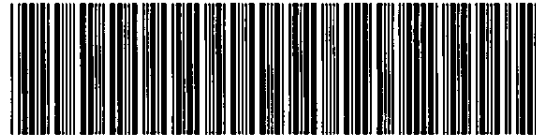
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/27/16--01024--008 **55.00

FILED
16 DEC 27 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAW OFFICES OF
ROBERT FELDMAN, P.A.

SUITE 500
55 NORTHEAST 5TH AVENUE
BOCA RATON, FLORIDA 33432

(561) 392-6090
FAX (561) 395-4701
ROBERT@RFELDLAW.COM

December 21, 2016

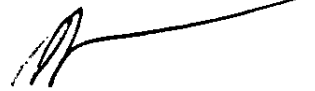
Registration Section
Division of Corporations
POB 6327
Tallahassee, Fl. 32314

Re: Lake Five LLC

To whom it may concern,

Please find enclosed a Statement of Authority for filing and a check for \$55.00 to obtain a certified copy of same.

Very truly yours,



Robert Feldman

RF/amf
Encl.

lthead.6a3s

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lake Five 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:

Robert Feldman

Name of Person

Robert Feldman, Esq.

Firm/Company

55 NE 5th Ave #500

Address

Boca Raton, Fl. 33432

City/State and Zip Code

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

For further information concerning this matter, please call:

Robert Feldman

Name of Person

at (561)

Area Code

392-6090

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

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: Lake Five LLC

SECOND: The Florida Document Number of the limited liability company is: L09000026764

THIRD: The street address of the limited liability company's principal office is:
1402 SW 45 Way

Deerfield Beach, Fl. 33442

The mailing address of the limited liability company's principal office is:
1402 SW 45 Way

Deerfield Beach, Fl. 33432

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.

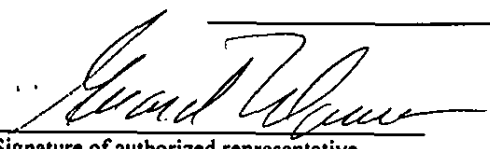
a. Granted to: Gerard V. Cavera or Grace M. Cavera

b. No authority granted to: _____

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

a. Granted to: Gerard V. Cavera or Grace M. Cavera

b. No authority granted to: _____


Signature of authorized representative

Gerard V. Cavera

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED
16 DEC 27 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA