L090000d1729

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COVER LETTER

Division of Corporations		
SUBJECT: LEHIGH INVESTMENT GR		
Name of L	Limited Liability Com	npany
Dear Sir or Madam:	•	
The enclosed Statement of Authority and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this n	natter to the following	j;
JOSEPH R. GOMEZ		-
Name of Person		
SMGQLAW		
Firm/Company		-
201 ALHAMBRA CIRCLE, SUITE 120)5	
Address	 -	-
CORAL GABLES, FLORIDA 33134		
City/State and Zip Code		-
JGOMEZ@SMGQLAW.COM		
E-mail address: (to be used for future an	nual report notificatio	n)
For further information concerning this matter, plo	ease call:	
JOSEPH R. GOMEZ	305	377-1000
Name of Person	Area Code	_) Daytime Telephone Number

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

Registration Section

TO:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

	L 0000061720	
ECOND:	The Florida Document Number of the limited liability company is: L09000061729	
	the street address of the limited liability company's principal office is: 11 ALHAMBRA CIRCLE, SUITE 1205	
C	ORAL GABLES, FLORIDA 33134	
	The mailing address of the limited liability company's principal office is: 220 SUMMERLIN COMMONS BLVD #500	
(C	C/O CPSWFL)	
F	T. MYERS, FL 33907	
sition of a	This statement of authority grants or sets limitations of authority on all persons having the a person in a company, whether as a member, transferee, manager, officer or otherwise or to be following: May execute an instrument transferring real property held in the name of the company.	a specific
sition of a rson on th	a person in a company, whether as a member, transferee, manager, officer or otherwise or to ne following:	a specific
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