

LO90000 68158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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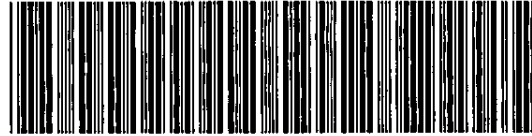
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

FEB 08 2016

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T-ROY RENTAL PROPERTIES, 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:

Jonathan C. Diernbach, Esq.

Name of Person

Trantalis and Associates

Firm/Company

2301 Wilton Drive Suite C1-A

Address

Wilton Manors, FL 33305

City/State and Zip Code

jon@trantalis.com

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

For further information concerning this matter, please call:

Jonathan C. Diernbach

954

566-2226

at ()

Name of Person

Area Code

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: T-ROY RENTAL PROPERTIES, LLC

SECOND: The Florida Document Number of the limited liability company is: L09000065158

THIRD: The street address of the limited liability company's principal office is:

4311 NE 24th Avenue

Lighthouse Point, FL 33064

The mailing address of the limited liability company's principal office is:

4311 NE 24th Avenue

Lighthouse Point, FL 33064

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: Blake Ducharme

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: Blake Ducharme

b. No authority granted to: _____

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16 FEB -5 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Signature of authorized representative

LHP Holdings Limited by Blake Ducharme,
Typed or printed name of signature Director

✓ Filing Fee: \$25.00
✓ Certified Copy: \$30.00 (optional)