## LUS 0000 74916

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MAY 21 2015 J SHIVERS

## **COVER LETTER**

SUBJECT: AMERICA'S PROM GU		
Nam	e of Limited Liability Con	npany
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	g:
KESHIA WHITEHURST		
Name of Person		_
AMERICA'S PROM GUIDE, LLC		
Firm/Company		_
72 VAN REIPEN AVENUE #156		
Address		-
JERSEY CITY, NJ 07306		
City/State and Zip Code		<b>-</b>
KESHIA.RICHMOND@PROMGU	IIDE.COM	
E-mail address: (to be used for future	re annual report notification	on)
For further information concerning this matter	er, please call:	
KESHIA WHITEHURST	631	403-6081
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

CR2E138 (2/14)

## STATEMENT OF AUTHORITY

Pursuant authority	to section 605.0302(1), Florida Statutes, this limited liability company submits the following:	ng statem	ent of		
FIRST:	IRST: The name of the limited liability company is: AMERICA'S PROM GUIDE, LLC				
SECON	D: The Florida Document Number of the limited liability company is: L09000074916			_	
THIRD:	The street address of the limited liability company's principal office is:  2637 E ATLANTIC BLVD #32797				
	POMPANO BEACH, FL 33062				
	The mailing address of the limited liability company's principal office is:  2637 E ATLANTIC BLVD #32797				
	POMPANO BEACH, FL33062				
position of person of	H: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following:  1. May execute an instrument transferring real property held in the name of the company  a. Granted to:	or to a spe	or ecific 15 MAY 15	/: **	
	b. No authority granted to: GARFIELD BOWEN	ON COLUMN A	AM 8: 39	To the Court of th	
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa  a. Granted to:	ny.			
	b. No authority granted to: GARFIELD BOWEN				
XA.	iallofoxfurst KESHIA WHITEHUR				
Suturiture	e of authorized representative Typed or printed name of Filing Fee: \$25.00	signature			

Filing Fee:

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)