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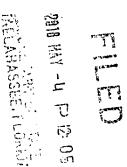
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

Registration Section
Division of Corporations

TO:

| nt, LLC | | |
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| Limited Liability Co | ınpany | |
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| e submitted for filin | g. | |
| natter to the followir | ıg: | |
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| nual report notificati | on) | |
| ease call: | | |
| 352 | 414-5293 | |
| Area Code | Daytime Tele | phone Number |
| | | 155 |
| MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Florida 32314 | | |
| | e submitted for filin natter to the following the sase call: at (Area Code MAIL Registronics P.O. Because P.O. Bec | e submitted for filing. natter to the following: |

STATEMENT OF AUTHORITY

| Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following authority: | • |
|--|--|
| FIRST: The name of the limited liability company is: Resolute Asset Management LLC | <u> </u> |
| SECOND: The Florida Document Number of the limited liability company is: | i |
| THIRD: The street address of the limited liability company's principal office is: 2215 E. Fort King St | |
| Ocala, FL 34471 | |
| The mailing address of the limited liability company's principal office is: 2215 E. Fort King St | |
| Ocala, FL 34471 | |
| FOURTH: This statement of authority grants or sets limitations of authority on all persons having position of a person in a company, whether as a member, transferee, manager, officer or otherwise operson on the following: 1. May execute an instrument transferring real property held in the name of the company | or to a specific |
| a. Granted to: | 20 |
| b. No authority granted to: | PIN TO THE PERSON OF THE PERSO |
| 2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa a. Granted to: Eilleen Cardone, as Operations Manager and Mona Barlow and Danielle Thompson, as Asset Mgrs | |
| b. No authority granted to: | |
| Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional) | |