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05/02/18: +01020++026 **25.00

TILED 2018 MAY -2 PH 2: 45 SECREMARY LPI, JOHN

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	Barbour Real Estate Rental	ls, LLC	
SUBJE.		Limited Liability Comp	any
Dear Si	r or Madam:		
The enc	closed Statement of Authority and fee(s) are	e submitted for filing.	
Please 1	return all correspondence concerning this n	natter to the following:	
John	M. Morgan		
	Name of Person		
Attorr	ney at Law		
	Firm/Company		
8911	Daniels Parkway, Suite 6		
	Address	 	
Fort N	Myers, Florida 33912		
	City/State and Zip Code		
jmmo	organ@morgantitle.com		
	E-mail address: (to be used for future and	nual report notification))
For furt	ther information concerning this matter, ple	ease call:	
John	M. Morgan	239	454-0572
	Name of Person	Area Code	Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section	Registratio	
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
	2661 Executive Center Circle		ee, Florida 32314

Tallahassee, Florida 32301

TO:

STATEMENT OF AUTHORITY

authority: FIRST: T	ne name of the limited liability company is: Ba	arbour Real Estate Rentals, LL0	C
			
SECOND:	The Florida Document Number of the limited	liability company is: L10000014751	
	he street address of the limited liability compar 249 Presidential Court, Suite F	ny's principal office is:	
F	ort Myers, Florida 33919		
	The mailing address of the limited liability com 249 Presidential Court, Suite F	pany's principal office is:	
F	ort Myers, Florida 33919		
position of a person on th	This statement of authority grants or sets limit a person in a company, whether as a member, the following: May execute an instrument transferring real parts of the following of the following real parts of the following real	ransferee, manager, officer or otherwise of property held in the name of the company	or to a specific
	b. No authority granted to:		AY -2 PH 2: 45
2.	May enter into other transactions on behalf of a. Granted to: Connie R. Barbot Thomas J. Kugelman		ny.
	b. No authority granted to:		
(print	ie RB nekoui .	Connie R. Barbour	
Signature of	authorized representative Filing Fee:	Typed or printed name of s	signature

CR2E138 (2/14)