## L10000016351

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SECRETARY OF STATE
AND ANASSEE, FLORIDA

## COVER LETTER \_

TO:	Registration Section Division of Corporations			
SUBJE	TIMELESS ANTQUES, LLC			
SUBJE		ted Liability Com	pany	
Dear Si	ir or Madam:			
The end	closed Statement of Authority and fee(s) are sub	omitted for filing.		
Please	return all correspondence concerning this matter	r to the following	:	
DANI	E E. LEITNER, ESQ.			
	Name of Person			
WAR	D DAMON, PL			
	Firm/Company			
4420	BEACON CIRCLE			
•	Address			
WES	T PALM BEACH, FL 33407			
	City/State and Zip Code			
DLEI	TNER@WARDDAMON.COM			TAL SE
-	E-mail address: (to be used for future annual	report notification	n)	AUG CRET/
For fur	ther information concerning this matter, please	call:		TARY O
DAN	E E. LEITNER, ESQ.	561	842-3000	UG -9 P
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Name of Person	Area Code	Daytime Telephone	PI IZ: 04  Number NIDA
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registrat Division P.O. Box	NG ADDRESS: tion Section of Corporations 6 6327 see, Florida 32314	

Tallahassee, Florida 32301

## STATEMENT OF AUTHORITY

authority			t of
FIRST:	The name of the limited liability company is: TIMEL	ESS ANTQUES, LLC	·
SECON	D: The Florida Document Number of the limited liabil	ity company is: L10000016351	
THIRD	: The street address of the limited liability company's p 3512 SOUTH DIXIE HIGHWAY	rincipal office is:	
	WEST PALM BEACH, FL 33405		
	The mailing address of the limited liability company's 3512 SOUTH DIXIE HIGHWAY	s principal office is:	
	WEST PALM BEACH, FL 33405		
position	<ul> <li>TH: This statement of authority grants or sets limitation of a person in a company, whether as a member, transfern the following:</li> <li>1. May execute an instrument transferring real proper a. Granted to: Dane E. Leitner, Esq.</li> </ul>	rty held in the name of the company.	
	b. No authority granted to: No limitation	s. S.	PN 12: 04
	2. May enter into other transactions on behalf of, or a. Granted to: Dane E. Leitner, Esq	otherwise act for or bind, the company.	
	b. No authority granted to: No limitation	S.	
Signatur	re of authorized representative Filing Fee: S Certified Copy: S	Jennie K. Scaife, Manager  Typed or printed name of signature 325.00 (optional)	-

CR2E138 (2/14)