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COVER LETTER

Division of Corporations SAB REALTY OF HOLLYWOOD LLC SUBJECT: 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: SCOT BENNETT Name of Person Firm/Company 2751 S OCEAN DRIVE 302-S Address HOLLYWOOD FL 33019 City/State and Zip Code SBENNETT55@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SCOT BENNETT 954 920-0990 Name of Person Daytime Telephone Number Area Code STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

TO:

Registration Section

STATEMENT OF AUTHORITY

authority	t to section 605.0302(1), Florida Statutes, this limited liability company submits the following:	_	i of
FIRST:	The name of the limited liability company is: SAB REALTY OF HOLLYWOOD	LLC	
SECON	D: The Florida Document Number of the limited liability company is:	110000	 12801
THIRD:	: The street address of the limited liability company's principal office is: 2751 S OCEAN DRIVE 302-S		
	HOLLYWOOD FL 33019		
	The mailing address of the limited liability company's principal office is: 2751 S OCEAN DRIVE 302-S		
	HOLLYWOOD FL 33019		
position	TH: 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: SCOT BENNETT	ir to a specif	TI I
	b. No authority granted to: MARION BENNETT	्त क	
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa a. Granted to: SCOT BENNETT	ny.	
	b. No authority granted to: MARION BENNETT		
<u> Lo</u>	SCOT A BENNETT		-
Signatur	re of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	signature	

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