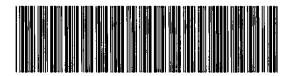
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## **COVER LETTER**

TO:	Registration Section Division of Corporations				
CIID IE	E & E INVESTMENTS OF	OCALA, LLC			
Name of Limited Liability Company					
Dear Si	ir or Madam:				
The end	closed Statement of Authority and fee(s) ar	e submitted for filing.			
Please	return all correspondence concerning this n	natter to the following	:		
Denis	s A. Cohrs, Esq.				
	Name of Person				
The (	Cohrs Law Group, P.A.				
	Firm/Company				
2841	Executive Drive, Suite 120				
	Address				
Clea	rwater, FL 33762				
	City/State and Zip Code				
dcoh	rs@cohrslaw.com				
	E-mail address: (to be used for future and	nual report notification	n)		
For fur	ther information concerning this matter, ple	ease call:			
Deni	s A Cohrs	727 at (	540-0001		
	Name of Person	Area Code	Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registrat Division P.O. Box	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of FIRST: The name of the limited liability company is: \_\_\_\_ E & E INVESTMENTS OF OCALA, LLC SECOND: The Florida Document Number of the limited liability company is: L10000081794 THIRD: The street address of the limited liability company's principal office is: 5100 West Hwy 40, Suite 1100 Ocala, FL 34482 The mailing address of the limited liability company's principal office is: 5100 West Hwy 40, Suite 1100 Ocala, FL 34482 FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following: 1. May execute an instrument transferring real property held in the name of the company. 35 Granted to: Sylvia A. Edwards b. No authority granted to: \_\_\_\_\_ May enter into other transactions on behalf of, or otherwise act for or bind, the company. Granted to: Sylvia A. Edwards No authority granted to:

George D. Edwards

Typed or printed name of signature

Filing Fee:

\$25.00

Certified Copy: \$30.00 (optional)