## L10000/15142

(Req	uestor's Name	)		
. (Add	ress)	<del></del> .		
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
		·		

Office Use Only



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2015 APR -7 AM 9: 32 SECRETARY OF STATE VALL AHASSEE, FLORIDA

APR 27 2014

C. CARROTHERS

## **COVER LETTER**

TO: Registration Section Division of Corporations	Ÿ	:	•
SUBJECT: Par Ances de Propies	Name of Limited Liab	cility Company	-
Dear Sir or Madam:			
The enclosed Statement of Correction and fee(s)	are submitted for filing	g.	
Please return all correspondence concerning this	matter to the following	g:	
Dex Different Name of Person		_	
Parmership Properties LL	2	_	
602 London Rl Ste 1	3	_	
Landra Fl 73462 City/State and Zip Code		_	
DLHOUNE D Cne. 1. Com E-mail address: (to be used for future annua	al report notification)	_	
For further information concerning this matter, p	lease call:		
DavidHonne	at (561	)557-7137 W	nobile
Name of Person	Area Code	Daytime Telephone Number	561-502-0727
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:			
□ \$25 Filing Fee □ \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

CR2E062 (2/14)

## STATEMENT OF AUTHORITY

FILED

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:
Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:  FIRST: The name of the limited liability company is:    Concrete   Property   2015 APR - 7 AM 9: 3
SECOND: The Florida Document Number of the limited liability company is: <u>L10000115142</u>
THIRD: The street address of the limited liability company's principal office is:
Lentone FL 33462
The mailing address of the limited liability company's principal office is:
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.  a. Granted to:
a. Granted to: VOCVI & HOPIAC
b. No authority granted to:
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.  a. Granted to: Dex S (Hornac
b. No authority granted to:
Dev. DHorine
Signature of authorized representative  Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)

CR2E138 (2/14)