

LI 0000 86959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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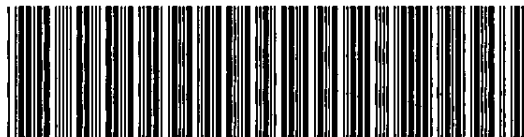
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RUNDE CONSULTING, LLC
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:

CRAIG RUNDE

Name of Person

RUNDE CONSULTING, LLC

Firm/Company

5444 4th AVENUE N,

Address

ST. PETERSBURG, FL 33710

City/State and Zip Code

CRUNDE@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRAIG RUNDE

Name of Person

at (727)

Area Code

328-1769

Daytime Telephone Number

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

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: RUNDE CONSULTING, LLC

SECOND: The Florida Document Number of the limited liability company is: L11000086959

THIRD: The street address of the limited liability company's principal office is:

5444 4TH AVENUE NORTH
ST. PETERSBURG, FL 33710

The mailing address of the limited liability company's principal office is:

5444 4TH AVENUE NORTH
ST. PETERSBURG, FL 33710

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: KATHLEEN B. RUNDE,
MEMBER

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: KATHLEEN B. RUNDE,
MEMBER

b. No authority granted to: _____

Craig E. Runde, MANAGER
Signature of authorized representative

CRAIG E. RUNDE, MANAGER
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)