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## COVER LETTER

	egistration Section evision of Corporations		
SUBJECT:	KEITH WHITE CONSULTING LL	.C	
	Name of Limited	Liability Com	pany
Dear Sir or	Madam:		
The enclose	ed Statement of Authority and fee(s) are submi	itted for filing.	
Please retur	rn all correspondence concerning this matter to	the following:	
MELAN	IE C WHITE		
	Name of Person		
KEITH V	WHITE CONSULTING LLC		
	Firm/Company		
1205 NV	W 38TH STREET		
	Address		
GAINES	SVILLE, FL 32605		
<del></del>	City/State and Zip Code		
MELAN	ECWHITE@BELLSOUTH.NET		
E	mail address: (to be used for future annual rep	ort notification	1)
For further	information concerning this matter, please call	l:	
MELAN	IE C WHITE	352	316-5056
	Name of Person	Area Code	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 authority:	statement of
FIRST: The name of the limited liability company is: KEITH WHITE CONSULTING LLC	,
SECOND: The Florida Document Number of the limited liability company is: L11000097435	
THIRD: The street address of the limited liability company's principal office is: 1205 NW 38TH STREET	
GAINESVILLE, FL 32605	
The mailing address of the limited liability company's principal office is: 1205 NW 38TH STREET	
GAINESVILLE, FL 32605	
FOURTH: This statement of authority grants or sets limitations of authority on all persons having the position of a person in a company, whether as a member, transferee, manager, officer or otherwise or person on the following:  1. May execute an instrument transferring real property held in the name of the company.  a. Granted to: MELANIE C WHITE  KEITH D WHITE	
b. No authority granted to:	,
May enter into other transactions on behalf of, or otherwise act for or bind, the company     a. Granted to : MELANIE C WHITE  KEITH D WHITE	y. 
b. No authority granted to:	
Signature of authorized representative  Filing Fee: \$25.00  MELANIE C WHITE  Typed or printed name of si	gnature

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)