Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855) 498-5500 : (800)432-3622 Fax Number

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с.

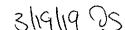
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SARAHDQL, LLC

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То:	Registration Section Division of Corporations		
SUBJE	ECT: SARAHDQL LLC Name of Limited Liability Company		
Dear S	Sir or Madam:		•
The en	nclosed Statement of Authority and fee(s) are submitted for filling		
Please	e return all correspondence concerning this matter to the following:		
	ELAINE J. SCHWARTZ) Die	1
,	Name of Person	26.15	
		<u>:</u> ::1	
	LAW OFFICES OF ELAINE J. SCHWARTZ	<u> </u>	1, 1
	Firm/Company	. 0	س. ما د
	4600 Shaidan Street Suita 200	స	
	4600 Sheridan Street. Suite 300 Address	<u> </u>	
	,	âry.	
	Hollywood, Florida 33021		
	City/State and Zip Code		
	elaineschwartz@gmail.com		
	E-mail address: (to be used for future annual report notification	ation)	
	E man address. No be asset for taxane annual report to the	,	
For fur	rther information concerning this matter, please call:		
	Elaine Schwartz at (954) 987-8881	N	
	Name of Person area code Daytime Teleph	one Number	
	Elaine I Sahumata		

Elaine J. Schwartz
Attorney at Law
Wells Fargo Professional
4600 Sheridan Street, Ste 300
Hollywood, Florida 33021
954-987-8881

STATEMENT OF AUTHORITY

Pursuant to section 605.0301(1) Florida Statutes, this limited liability company submits the following statement of authority.

following statement of authority.		
FIRST: The name of the limited liability compa	my is SARAHDQL LLC	
SECOND: The Florida Document Number of the <u>L12000029603</u>	e limited liability company is	
THIRD: The street address of the limited liabilit 2780 NE 183 rd St. #2 : Aventura FL 33160	104	
The mailing address of the limited liab. 2780 NE 183 rd St. ##. Aventura, FL 33160	2104	is 27.15
FOURTH: This statement of authority grants or having the status or position of a person in a com manager, officer or othyerwise or to a specific pe	ipany, whether as a member, tra	all persons
May execute an instrument transferring a. Granted to <u>Either DANIEL L</u> Manager on behalf of the J	<u>EVIN or SARAH LEVIN . may</u>	of the company sign alone as
b. No authority granted to:		
2. May enter into other transactions on be company a. Granted to: Either DANIEL LE Manager on behalf of the b No Authority granted: Not Signature of Authorized Representation	EVIN or SARAH LEVIN may s LLC	nign alone as
DANIEL LEVIN Typed or Printed Name of Signature	SARAH LEVIN Typed or Printed Name of S	Signature