## L12000061601

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## **COVER LETTER**

10:	Division of Corporations		
CHDIE	K.G.J. PROPERTIES MANA	AGEMENT, L.L.C	<b>)</b> .
SUBJE		imited Liability Comp	pany
Dear Sir	or Madam:		
The enc	losed Statement of Authority and fee(s) are	submitted for filing.	
Please n	eturn all correspondence concerning this n	natter to the following:	
Christ	opher Smith		
	Name of Person		
Christ	opher D. Smith PA		
	Firm/Company		
5391	Lakewood Ranch Blvd N 203		
	Address		
Saras	ota, FL 34240		
	City/State and Zip Code		
smith	@chrissmith.com		
	E-mail address: (to be used for future ann	nual report notification	n)
For furti	her information concerning this matter, ple	ase call:	
Chris	Smith	941 at (	202-2222
-	Name of Person	Area Code	Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILIN	G ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## STATEMENT OF AUTHORITY

authorit	-	e name o	of the limited liability company is: K.G.J. PROPERTIES MANAGE	EMENT, L.L.C.
SECO	ND:	The Flor	rida Document Number of the limited liability company is: L1200006160	D1
	: Tl	ne street	address of the limited liability company's principal office is: th Palm Avenue #1601	
	SA	ARASC	OTA, FL 34236	_
			ng address of the limited liability company's principal office is: th Palm Avenue #1601	_
	SA	ARASC	OTA, FL 34236	_
position	of a	person i c follow	ecute an instrument transferring real property held in the name of the compa Granted to:	e or to a specific
		b.	No authority granted to: Kimberly G. Jordinson	2019 AUG 27 PH 1:
	2.	May er a.	nter into other transactions on behalf of, or otherwise act for or bind, the con Granted to:  Kenneth Paslaqua	. 01
		b.	No authority granted to: Kimberly G. Jordinson	_
<i>(1)</i>		Ĵ.		_

Certified Copy: \$30,00 (optional)