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(Re	questor's Name)	<u> </u>
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
CUDI	YMP PARK TOWERS, LLC		
SUBJ		e of Limited Liability	Company
Dear S	Sir or Madam:		
The en	iclosed Statement of Authority and fee	(s) are submitted for f	iling.
Please	return all correspondence concerning t	this matter to the follo	wing:
**	T		
Harve	y Trautenberg		<del></del>
	Name of Person		
	Firm/Company		<u> </u>
4500 N	State Road 7Suite 100		
·	Address		<del>_</del>
Lauder	dale Lakes, FL 33319		
	City/State and Zip Code	···	<del></del>
htraute	nberg@YMPRealEstate.com		
	E-mail address: (to be used for future	e annual report notific	ation)
For fun	ther information concerning this matter	r, please call:	
Harvey	Trautenberg	305 at (	987-5418
	Name of Person	Area Co	de Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	District CO of		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

## STATEMENT OF AUTHORITY

RST: The nam	e of the limited liability company is: YMP PARK TOWERS, LLC	
COND: The I	lorida Document Number of the limited liability company is:	422
	et address of the limited liability company's principal office is:	
Lauderda	le Lakes, FL 33319	
	iling address of the limited liability company's principal office is: tate Road 7 Suite 100	- (
Lauderda	le Lakes, FL 33319	
		<del></del>
sition of a perso rson on the follo	tatement of authority grants or sets limitations of authority on all persons in a company, whether as a member, transferee, manager, officer or otherwing:  execute an instrument transferring real property held in the name of the contents.	erwise or to a speci
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