

L12000115987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

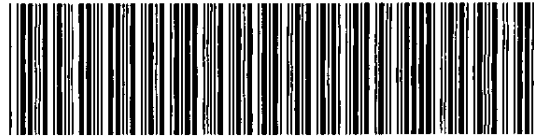
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 DEC 16 PM 4:01

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CICALESE FAMILY 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:

ANGEL CICALESE

Name of Person

CICALESE FAMILY LLC

Firm/Company

1010 S OCEAN BOULEVARD APT. 1210

Address

POMPANO BEACH, FLORIDA 33062

City/State and Zip Code

angelcicaiese@comcast.net

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

For further information concerning this matter, please call:

ANGEL CICALESE

Name of Person

954

Area Code

540-2616

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

16 DEC 16 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: CICALESE FAMILY LLC

SECOND: The Florida Document Number of the limited liability company is: L12000115987

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

1010 S. OCEAN BOULEVARD

APT 1210

POMPANO BEACH, FLORIDA 33062

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

1010 S OCEAN BOULEVARD

APT 1210

POMPANO BEACH, FLORIDA 33062

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: ANGEL CICALESE, MGR

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: ANGEL CICALESE, MGR

b. No authority granted to: _____


Signature of authorized representative

ANGEL CICALESE, MGR
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

ANGEL CICALES
1010 S OCEAN BOULEVARD
APARTMENT 1210
POMPANO BEACH, FLORIDA 33062
TEL: (954) 540-2616

REGISTRATION SECTION
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

RE: CICALES FAMILY TRUST
L12000115987

16 DEC 16 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEAR SIR:

ENCLOSED PLEASE FIND SIGNED STATEMENT OF AUTHORITY AND CHECK FOR \$30.00 MADE OUT TO
"FLORIDA DEPARTMENT OF STATE." PLEASE SEND CERTIFIED COPY OF STATEMENT OF AUTHORITY TO
ME VIA EXPRESS MAIL IN THE POSTAGE PREPAID EXPRESS ENVELOPE I AM ENCLOSING.

THANK YOU.

SINCERELY,



ANGEL CICALES, MGR