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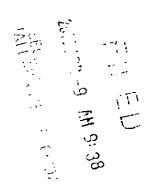
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Statement of Auth.

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CITRUS WASH AND Day CANN DROMAT L. Name of Limited Liability Company	ĹĊ
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:	
Robert A. Riky In	
Name 6f Person	
CITES WASH AND DRY CANDEDMAT LIC	
104 So. MAIN STREET	
Address	
BROOKSVILLE, FL 34601	
City/State and Zip Code	
prontocion Nous (à att. nets	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Robert A. P. Ley In at 352 , 585-3307	,
Name of Person Area Code Daytime Telephone Numl	ber

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 statement of authority:
FIRST: The name of the limited liability company is: LITEUS WASH AND DRY ANDROPAT LLC
SECOND: The Florida Document Number of the limited fiability company is: 120001341
THIRD: The street address of the limited liability company's principal office is: 104 50, Main Street
104 So. MAIN STREET BECOESUITE, FL 34601
The mailing address of the limited liability company's principal office is: 104 So. MAIN Street
Brooksville, FL 34601
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: Robert A. Alley by
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: \(\begin{align*} \text{COBENT} \beta \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
b. No authority granted to:
Robert A. Pilas In.
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)