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| (Re | questor's Name) | |
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| (Cit | ry/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Na | me) |
| (Do | ocument Number) |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STAIL

D. BRUCE NOV 1 8 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 7, 2016

JOSEPH AND FLEURETTE GUERRIER 3315 BRIDLE PATH LN WESTON, FL 33331

SUBJECT: GUERRIER FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

Ref. Number: A1200000663

We have received your document for GUERRIER FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 516A00026918 AHASSEE, FLOR

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|-----------|
| SUBJECT: FUERIEN POSPERTIES 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: | • | |
| JOSEPH AND FIFURETTE GOVERNIER. Name of Person GUENNIEN PROPERTIES LLC Firm/Company | | |
| 3315 BODIE PATH LW. 6. | 2016 SEC TALL | |
| WESTON FL. 33331 City/State and Zip Code | 2016 NOV 17 A II: 2 SECKEJARY OF STATE VLLAHASSEE, FLORIO | |
| E-mail address: (to be used for future annual report notification) | A II: 29 | ָרֵי כ |
| For further information concerning this matter, please call: | <i>J</i> 01 | |
| JOSEH & FIEUNETTE GUERRIFAIT (954) 349-2 Name of Person Area Code Daytime Teleph | 238 none 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

STATEMENT OF AUTHORITY

| authority: | o section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of |
|------------|---|
| FIRST: | orrect certificate #15: L12000140673 |
| Thoc | appect costilicate # 15: L 12000140673 |
| SECOND | The Florida Document Number of the limited liability company is: 412,000,000 663 |
| SECOND | : The Florida Document Number of the fimiled hability company is: |
| | The street address of the limited liability company's principal office is: |
| _ | 3315 BRIDLE PATH LANE |
| _ | WESTON FL 33331 |
| _ | |
| - | The mailing address of the limited liability company's principal office is: |
| | SAME AS ASOVE. |
| - | SAME AS ADOVE. |
| _ | |
| | |
| | the following: May execute an instrument transferring real property held in the name of the company. a. Granted to: TOSEPH T. GUERRIER. |
| | FIEURETTE GUERRIER |
| | 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: JOSEPH F. GUERRIER 77 D M |
| | - FIEURETTE GUERRIER |
| | - TEONETTE GUERRIERO |
| | b. No authority granted to: |
| | |
| 2050 | JOSEPH F. GUERRIER |
| Gregaruite | Filing Fee: \$25.00 Certified Copy: \$30.00 (optional) F/EURETTE GUGARIL |
| Heure | Certified Copy: \$30.00 (optional) FIE ORE / 1E GUERAIL |

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