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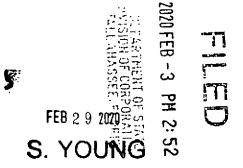
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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	JEFF, BRYAN & RONALD, LLC ECT:
	Name of Limited Liability Company
Dear S	ir or Madam:
The er	iclosed Statement of Authority and fee(s) are submitted for filing

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:

DAVID J. DICKS

Name of Person

MANAGER--JEFF, BRYAN & RONALD, LLC

Firm/Company

P O BOX 1809

Address

DUNDEE, FL 33838

City/State and Zip Code

JDICKS42@YAHOO.COM

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

For further information concerning this matter, please call:

DAVID J. DICKS

863

206-2222

Mailing Address:

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

Name of Person

Street Address:

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

Daytime Telephone Number

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: _____ JEFF, BRYAN & RONALD, LLC SECOND: The Florida Document Number of the limited liability company is: L12000156787 THIRD: The street address of the limited liability company's principal office is: 225 FREDERICK AVE DUNDEE, FL 33838 The mailing address of the limited liability company's principal office is: P O BOX 1809 DUNDEE, FL 33838 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. Granted to: _____ RONALD D DICKS, MGR - DAVID J DICKS, MGR BRYAN D DICKS, MGR b. No authority granted to: May enter into other transactions on behalf of, or otherwise act for or bind, the company. a. Granted to: RONALD D DICKS, MGR - DAVID J DICKS, MGR BRYAN D DICKS, MGR b. No authority granted to: DAVID J DICKS, MGR Signature of authorized representative Typed or printed name of signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)