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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: Mean team Incompany 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:		
PANTRA Laper Name of Person		
Delan-team Questmente, LZe. Firm/Company		
7311 NW . 364 Address		
Address Liani, a 33166 City/State and Zip Code		
4CKes po 6Df T Realtyf. Com E-mail address: (to be used for future annual report notification)	2015	
For further information concerning this matter, please call:	JAN	E
Claritu Loper at 784,	9-	-
Name of Person Area Code Daytime Telephone Number	2	

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: Dulam Feam Investment We.
SECOND: The Florida Document Number of the limited liability company is: 1300007766
THIRD: The street address of the limited liability company's principal office is: \[\frac{\sqrt{311 \ NW \ 3684}}{\line{Licmi, Fl.} \ 33166} \]
The mailing address of the limited liability company's principal office is: 7311 NW . 361+ Lliami, M 33166
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: AniRa Lopez Rodnigo Insignates Ond April Martinez
b. No authority granted to: AZAHina Borrego
a. Granted to: Anita Lips / Rodnigo Insigners and Aniel Unition
b. No authority granted to: Alchina Borego
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)