

L130000 9/16/22

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2018 AUG 27 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FL

UC 5  
8.29.18

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TTBM 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:

Thierry Besse

\_\_\_\_\_  
Name of Person

TTBM LLC

\_\_\_\_\_  
Firm/Company

19821 nw 2 AVE suite 385

\_\_\_\_\_  
Address

Miami Gardens, Florida, 33169

\_\_\_\_\_  
City/State and Zip Code

ffmservicesllc@gmail.com

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

For further information concerning this matter, please call:

Thierry Besse

\_\_\_\_\_  
Name of Person

at ( 954 ) 213-7259

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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

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: TTBM LLC

SECOND: The Florida Document Number of the limited liability company is: L13000091622

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

19821 NW 2 Ave suite 385

Miami Gardens, Florida , 33169

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

19821 NW 2 AVE suite 385

Miami Gardens, Florida , 33169

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: Thierry Besse


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: Thierry Besse

b. No authority granted to: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

  
Signature of authorized representative

Thierry Besse

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)