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SECRETARY OF STATE

COVER LETTER

Registration Section Division of Corporations

TO:

LMTM, LLC			
SUBJECT: Name of L	imited Liability Comp	pany	-
Dear Sir or Madam:			
The enclosed Statement of Authority and fee(s) are	e submitted for filing.		
Please return all correspondence concerning this m	natter to the following:		LYTY LYTY LYTY LYTY
Bruce T. Minnick			ECRETARY OF STAIL
Name of Person			335
LMTM, LLC			17.0
Firm/Company			201
6122 Audubon Manor Boulevard			
Address			
Lithia, Florida			
City/State and Zip Code			
BDMinnick@Verizon.net			
E-mail address: (to be used for future ann	nual report notification)	
For further information concerning this matter, ple	ase call:		
Bruce T. Minnick	813	299-2903	
Name of Person	Area Code	Daytime Telephor	ie Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registrati Division (P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314	

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

authority		statement of
FIRST:	The name of the limited liability company is: LMTM, LLC	
SECON	D: The Florida Document Number of the limited liability company is:	
THIRD:	: The street address of the limited liability company's principal office is: 6122 Audubon Manor Boulevard	
	Lithia, Florida 33547	210
	The mailing address of the limited liability company's principal office is: 6122 Audubon Manor Boulevard	2018 NOV 13 PM 4: 56
	Lithia, Florida 33547	REST ST
position	 This statement of authority grants or sets limitations of authority on all persons having the of a person in a company, whether as a member, transferee, manager, officer or otherwise or on the following: May execute an instrument transferring real property held in the name of the company. a. Granted to: Bruce T. Minnick 	e status or to a specific
	b. No authority granted to: Lindsey N. Minnick,	
	Morgan K. Minnick, Tyler C. Minnick 2. May enter into other transactions on behalf of, or otherwise act for or bind, the company a. Granted to: Bruce T. Minnick, Deborah O. Minnick	<i>γ</i> .
	b. No authority granted to: Tyler C. Minnick, Morgan K. Minnick	
Signatur	Bruce T. Minnick Typed or printed name of si Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	gnature

CR2E138 (2/14)