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B. BOSTICK

FEB 1 2 2014

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#### **COVER LETTER**

TO: Registration Section Division of Corporations

Do What I Want 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:

## Michael Settles

Name of Person

### AAA Action Audio and Automation

Firm/Company

## 370 Riverside Dr

## Palm Beach Gardens FI 33410

City/State and Zip Code

## texaspete516@aol.com

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

For further information concerning this matter, please call:

# Michael Settles

Name of Person

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, Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The m	of the limited liability company is: I Do What I Want LLC					
		L14-10721				
	e street address of the limited liability company's principal office is:  Niverside Dr					
Pal	m Beach Gardens FI 33410					
	mailing address of the limited liability company's principal office is:  Niverside Dr					
Pal	m Beach Gardens Fl 33410					
position of a pe person on the fo	statement of authority grants or sets limitations of authority on all person in a company, whether as a member, transferee, manager, officer of ollowing:  ay execute an instrument transferring real property held in the name of the action of the company of the c	r otherwise or to a specific the company.				
	b. No authority granted to:					
2. N	May enter into other transactions on behalf of, or otherwise act for or bind a. Granted to: Albert Settles	d, the company				
	b. No authority granted to:					
Mal	Michae	el E Settle				
Signature of au	thorized representative Typed or prin	nted name of signature				

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (12/13)