

L14 000031462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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T. Burch JUN 10 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PALM TREE REAL ESTATE VENTURES, 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:

Darrin R. Schutt, Esq.

Name of Person

Schutt Law Firm PA

Firm/Company

1322 SE 46th Lane, Suite 202

Address

Cape Coral, Florida 33904

City/State and Zip Code

steffen@vesteva.com

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

For further information concerning this matter, please call:

Darrin R. Schutt

Name of Person

239

Area Code

540-7007

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: PALM TREE REAL ESTATE VENTURES,
LLC

SECOND: The Florida Document Number of the limited liability company is: L14000031462

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

3813 SW 20th Avenue

Cape Coral, Florida 33914

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

PO Box 101118

Cape Coral, Florida 33910

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.

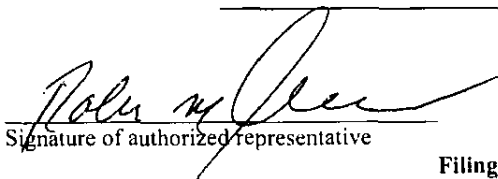
a. Granted to: Robert Orlando, Steffen Vetter

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: Robert Orlando, Steffen Vetter

b. No authority granted to: _____


Signature of authorized representative

Robert Orlando
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)