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COVER LETTER

TO:

Registration Section Division of Corporations

NW 8TH AVE LLC			
	Limited 1	Liability Cor	прапу
Dear Sir or Madam:			
The enclosed Statement of Authority and fee(s) ar	e submit	ted for filing	5 .
Please return all correspondence concerning this n	natter to	the followin	g:
T. HANSEN			
Name of Person		•	_
Law Office of Frank P. Saier, P.A.			
Firm/Company			-
1701 NW 80th Blvd., Suite 102			
Address			_
City/State and Zip Code			_
Gainesville, FL 32606			
E-mail address: (to be used for future an	nual rep	ort notification	on)
For further information concerning this matter, pla	ease call	:	
Theresa "T" Hansen	at (352	377-6111
Name of Person		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

CR2E138 (2/14)

File and provide also Curtified Please. Thank you

, STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the follo authority: NW 8TH AVELLO	wing stateme	int of
FIRST: The name of the limited liability company is: NW 8TH AVE LLC		
SECOND: The Florida Document Number of the limited liability company is: L140001298	18	
THIRD: The street address of the limited liability company's principal office is: 1185 Harbor Rd.		
Hewlett, NY 11557	RAV-S	
The mailing address of the limited liability company's principal office is: 1701 NW 80th Blvd., Suite 102	_	
Gainesville, FL 32606	_ 	
FOURTH: This statement of authority grants or sets limitations of authority on all persons having position of a person in a company, whether as a member, transferee, manager, officer or otherwise person on the following: 1. May execute an instrument transferring real property held in the name of the compandate. Brian Kreizel and/or John Switzer a. Granted to:	e or to a spec	JAN 19 AM II: 16
b. No authority granted to:		
May enter into other transactions on behalf of, or otherwise act for or bind, the com a. Granted to: Brian Kreizel and/or John Switzer	pany.	
b. No authority granted to:	_	
Brian Kreizel Signature of authorized representative Typed or printed name of	of signatura	_
Filing Fee: \$25,00 7		