## L14000146703

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"JUN 2 3 2021 R. HUNT

## COVER LETTER

TO:	Registration Section Division of Corporations		
elu) ti	HAGA GARD, LLC		
SUBJI	<del></del>	Limited Liability Com	pany
Dear S	ir or Madam:		
The en	closed Statement of Authority and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this r	matter to the following	:
JOS	H BENNETT		
	Name of Person		
THE	LAW FIRM OF JOSH N. BENNE	ETT ESQ., P.A.	
	Firm/Company		
500	SE 18th Court		
	Address		
Ft. L	auderdale, FL 33316		
	City/State and Zip Code		
josh(	@joshbennett.com		
-	E-mail address: (to be used for future an	nual report notification	1)
For fur	ther information concerning this matter, ple	ease call:	
JOSI	H BENNETT	954	779-1661
	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	Registrati Division ( P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, Florida 32314

## STATEMENT OF AUTHORITY

Pursuant authority	to section 605.0302(1). Florida Statutes, this limited liability company submits the following:	ng statement o	·f	
FIRST:	The name of the limited liability company is: HAGA GARD, LLC	_		
SECOND: The Florida Document Number of the limited liability company is: L14000146703				
THIRD	The street address of the limited liability company's principal office is: 500 SE 18th Court			
	Ft. Lauderdale, FL 33316			
	The mailing address of the limited liability company's principal office is: 500 SE 18th Court			
	Ft. Lauderdale, FL 33316			
position of person of	H: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following:  1. May execute an instrument transferring real property held in the name of the company a. Granted to: JOSH BENNETT, as Manager	or to a specific		
	b. No authority granted to:		2021 HAY 12	DIVISION OF CO
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa  a. Granted to:   JOSH BENNETT, as Manager	ny.	PH 12:.07	SHOLF YOURS
	b. No authority granted to:			
/	7			

Signature of authorized representative

JOSH BENNETT

Typed or printed name of signature

Filing Fee:

\$25.00

Certified Copy: \$30.00 (optional)