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(Requestor's Name)

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(City/State/Zip/Phone #)

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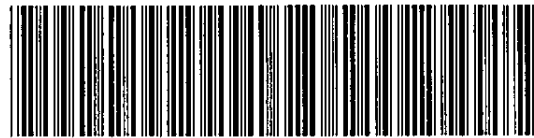
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR 29 PM 2:22

J. Shivers MAY 05 2015

GASSMAN LAW ASSOCIATES, P.A.

ATTORNEYS AT LAW

ALAN S. GASSMAN **
KENNETH J. CROTTY ****
CHRISTOPHER J. DENICOLO ***

1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756
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FAX: (727) 443-5829

Gassmanlawassociates.com

- * LL. M. IN TAXATION
- + BOARD CERTIFIED LAWYER
WILLS, TRUSTS AND ESTATES
- *** LL.M. IN ESTATE PLANNING
- ^ BOARD CERTIFIED LAWYER IN TAX LAW

April 27, 2015

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir/Madam:

Enclosed for filing please find Statements of Authority for filing for the following business entities:

1. 8190 66th Street, L.L.C.;
2. Park Boulevard Holdings, L.L.C.;
3. 66th Street Holdings, L.L.C.;
4. TTL Property Holdings, L.L.C.; and
5. TTL SFH Holdings, L.L.C.

Additionally, please find a check in the amount of \$275.00 (*\$25.00 filing fee for each Statement of Authority, and a \$30.00 fee for a certified copy of each filed Statement*).

Please return the Certified Copy of each filed Statement of Authority to our office in the enclosed self-addressed, stamped envelope.

Please do not hesitate to contact my office if you have any questions with respect to the attached.

Best personal regards,



Alan S. Gassman

ASG:jas

Enclosures

cc: Tien and Huyen Lam (w/encls.)
Kenneth G. Arsenault, Esq. (w/encls.)

J:\M.Lam, Tien\Florida Department of State.2.wpd
8496

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 8190 66th Street, L.L.C.

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:

Alan S. Gassman, Esq.

Name of Person

Gassman Law Associates, P.A.

Firm/Company

1245 Court Street, Suite 102

Address

Clearwater, FL 33756

City/State and Zip Code

Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan S. Gassman, Esq.

Name of Person

at (727) 442-1200

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

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: 8190 66th Street, L.L.C.

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

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

1245 Court Street, Suite 102

Clearwater, FL 33756

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

1245 Court Street, Suite 102

Clearwater, FL 33756

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; may give a mortgage on real property held in the name of the company; may satisfy a mortgage on real property held in the name of the company; may record a lease, option, and/or mechanics lien on real property held in the name of the company; may record any other incumbrance which would cloud or otherwise provide a detrimental impact on the real property held in the name of the company.
 - a. Granted to: Kenneth Arsenault and Gassman Law Associates, P.A.
 - b. No person or entity other than the person(s) or entity(ies) listed under Item 1(a) above, including no member, manager, transferee or otherwise of 8190 66th Street, L.L.C., shall have any authority to take any of the actions set forth in Item 1 above. The authority to take any of the actions set forth in Item 1 above is limited solely to the person(s) or entity(ies) listed under Item 1(a) above.

Witness

Witness

Signature of Authorized Representative

Alan S. Gassman, Esquire

Typed or printed name of signature

FILED
15 APR 29 PM 2:22
STATE
TALLAHASSEE
FLORIDA

STATE OF FLORIDA)
COUNTY OF PINELLAS)

I **HEREBY CERTIFY** that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared ALAN S. GASSMAN, ESQUIRE, known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed this Deed, or that I relied upon the following forms of identification of the above-named person: _____.

WITNESS, my official hand and seal this 22 day of April, 2015.



Notary Public Signature

(SEAL)

Printed Notary Signature

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

