

LS000064153

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Agouti Enterprises, 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:

**Marty Riche**

Name of Person

**Agouti Enterprises, LLC**

Firm/Company

**5025 Bald Cypress Trail**

Address

**Fort Pierce, FL 34951**

City/State and Zip Code

**marty.riche@gmail.com**

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

For further information concerning this matter, please call:

**Marty Riche**

Name of Person

at ( **870** )

Area Code

**672-2860**

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: Agouti Enterprises, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L15000064153

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

5025 Bald Cypress Trail

Fort Pierce, FL 34951

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

5025 Bald Cypress Trail

Fort Pierce, FL 34951

**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: David Haley

b. No authority granted to: Derek Riche or Brandy Riche or

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Angela Caporelli

b. No authority granted to: Derek Riche or Brandy Riche or

  
Signature of authorized representative

Martin (Marty) Riche

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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15 MAR 19 PM 1:47  
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TALLAHASSEE, FLORIDA