## 115000079111

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	<u> </u>
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SECRETARY OF STATE

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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE			
	Name of Limi	ted Liability Comp	pany
Dear S	ir or Madam:		
The en	closed Statement of Authority and fee(s) are su	bmitted for filing.	
Please	return all correspondence concerning this matte	er to the following	:
WILL	IAM E. BONNER		
	Name of Person		
INTE	RNATIONAL TAX & COMMERCE,	LLC	
<del> </del>	Firm/Company		
1202	5 RIVERHILLS DR		
	Address		
TAM	PA, FL. 33617		
	City/State and Zip Code		
BON	NERBBC@AOL.COM		
	E-mail address: (to be used for future annual	report notification	n)
For fur	ther information concerning this matter, please	call:	
WILL	IAM E. BONNER II	813 at (	871-0040
	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	IG ADDRESS: ion Section of Corporations 6327 ee, Florida 32314

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the folloauthority:	wing statement of		
FIRST: The name of the limited liability company is: ROBY USA, LLC			
SECOND: The Florida Document Number of the limited liability company is: L1500007911	11		
THIRD: The street address of the limited liability company's principal office is:  C/O INTERNATIONAL TAX & COMMERCE, LLC			
12025 RIVERHILLS DR			
TAMPA, FL. 33617			
The mailing address of the limited liability company's principal office is:  C/O INTERNATIONAL TAX & COMMERCE, LLC	MIGNIG-8 PH 2:		
12025 RIVERHILLS DR			
TAMPA, FL. 33617	<del>-</del>		
May execute an instrument transferring real property held in the name of the compa     a. Granted to:			
b. No authority granted to:	_		
2. May enter into other transactions on behalf of, or otherwise act for or bind, the com  a. Granted to:	— npany. —		
b. No authority granted to:			
WILLIAM E. BONN Signature of authorized representative  Typed or printed name			
Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)	5.0		