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JUN 18 2015 J. HARRIE

COVER LETTER

Registration Section , Division of Corporations

TO:

SUBJECT: Amelia 551, LLC		
	imited Liability Con	npany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are	submitted for filing	
Please return all correspondence concerning this m	atter to the following	g:
Paul C. Blount		
Name of Person	. 4	-
Amelia 551, LLC		_
Firm/Company		
3021 Linda Lane		_
Address		
Santa Monica, CA 90405		
·· City/State and Zip Code		-
pblount@earthlink.net		
E-mail address: (to be used for future ann	ual report notification	n)
For further information concerning this matter, plea	ase call:	
Jon C. Lasserre	at (904	261-9292
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS:	
Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	

Tallahassee, Florida 32314

2661 Executive Center Circle

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

authority:	of the limited liability company is: Amelia 551, LLC	wing state		
SECOND: The Flo	orida Document Number of the limited liability company is:45000	0098	<u>.</u> 47	— ጓ —
THIRD: The street	address of the limited liability company's principal office is:			
Santa M	lonica, CA 90405	-		
	ing address of the limited liability company's principal office is:	-		
Santa M	Ionica, CA 90405	_		
position of a person person on the follow	tement of authority grants or sets limitations of authority on all persons having in a company, whether as a member, transferee, manager, officer or otherwise ring: secute an instrument transferring real property held in the name of the company	e or to a s		
b.	No authority granted to: Any other person	_		
2. May e a.	nter into other transactions on behalf of, or otherwise act for or bind, the component of t	pany.	15 JUN	
b.	No authority granted to: Any other person	aci of STATE	15 AH 9: 23	
Signature of authoriz	red representative Filing Fee: \$25.00 ANDREW POX Typed or printed name of			