

11/30/2020

Division of Corporations

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : FELDMAN & ASSOCIATES  
Account Number : I20130000018  
Phone : (305)931-0433  
Fax Number : (866)856-1462

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: paul@feldmanclosings.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CYPRESS MOBILE HOME PARK, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

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## 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: CYPRESS MOBILE HOME PARK, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000102758

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

6547 N US HIGHWAY 1

FORT PIERCE, FL 34946

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

6547 N US HIGHWAY 1

FORT PIERCE, FL 34946

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.

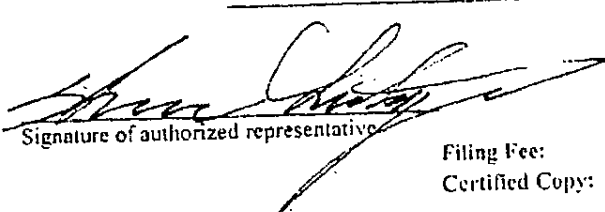
a. Granted to: RONNY LUSTIGMAN

b. No authority granted to: \_\_\_\_\_

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

a. Granted to: RONNY LUSTIGMAN

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

SHAWN LUSTIGMAN

Typed or printed name of signature

Filing Fee: \$25.00

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