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SECRETARY OF STATE
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## **COVER LETTER**

TO:	Registration Section Division of Corporations	*	
SUBJ	ELITE AUTOMALL LLC		
SUBJ.		Limited Liability Com	pany
Dear S	Sir or Madam:		
The er	nclosed Statement of Authority and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this	matter to the following	:
DAN	II HBOUS RIFAI		
	Name of Person		
ELIT	E AUTOMALL LLC		
	Firm/Company		
2003	S. BAY STREET		
<del></del>	Address		
EUS	TIS FLORIDA 32726		
	City/State and Zip Code		
ELIT	EAUTOMALL@OUTLOOK.COM	Λ	
	E-mail address: (to be used for future ar	nual report notification	1)
For fu	rther information concerning this matter, pl	lease call:	
DAN	II HBOUS RIFAI	<b>321</b> at (	230-5453
	Name of Person	Area Code	) Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations	Registrat	G ADDRESS: ion Section of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E138 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

## STATEMENT OF AUTHORITY

Pursuant authority	t to section 605.0302(1), Florida Statutes, this limited liability company submits the following:	ng statement of
FIRST:	The name of the limited liability company is: ELITE AUTOMALL LLC	<del></del>
SECON	D: The Florida Document Number of the limited liability company is. L15000120227	
THIRD:	: The street address of the limited liability company's principal office is: 2003 S. BAY STREET	
	EUSTIS FLORIDA 32726	
	The mailing address of the limited liability company's principal office is:  2003 S. BAY STREET	
	EUSTIS FLORIDA 32726	
position person o	This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following:  1. May execute an instrument transferring real property held in the name of the company a. Granted to:  DANI HBOUS RIFAI	or to a specific
	b. No authority granted to:	15 JU SECH TALLJ
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa a. Granted to: DANI HBOUS RIFAI	JL 24 AM II: 58 JL 24 AM II: 58 JL 24 AM II: 58
	b. No authority granted to:	58 ATE )RIDA
Muni Signature	re of authorized representative  Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)	Signature