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(Requestor's Name) (Address) (Address)	100314200361		
(City/State/Zip/Phone #)	06/03/18-−01024021 *+250.00		
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:			
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COVER LEFTER

TO: Registration Section Division of Corporations

17 FILLMORE DRIVE, LLC

SUBJECT:

.

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:

ADAM SELIGMAN, ESQ.

Name of Person

WARD DAMON

Firm/Company

4420 BEACON CIRCLE

Address

WEST PALM BEACH, FL 33407

City/State and Zip Code

ASELIGMAN@WARDDAMON.COM

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

For further information concerning this matter, please call:

ADAM SELIGMAN	561	842-3000
	at ()	
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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E138 (2/14)

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: ______

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

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

C/O BELMONT ASSOCIATES LLC

777 E. ATLANTIC AVENUE, SUITE 301

DELRAY BEACH, FL 33483

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

C/O BELMONT ASSOCIATES LLC

777 E. ATLANTIC AVENUE, SUITE 301

DELRAY BEACH, FL 33483

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.
- N/A Granted to:__ a. JUN-8 PM 4: b. No authority granted to: ______gage or encumber properties. May enter into other transactions on behalf of, or otherwise act for or bind, the company 2.

a. Granted to : ___

(leases, utilities, repair agreements and related matters).

Signature of authorized representative

MATHIEU P. ROSINSKY

Typed or printed name of signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)