

L15000 179026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

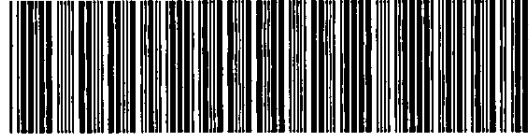
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300278663073

11/02/15--01025--020 **25.00

FILED
15 NOV - 2 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV - 3 2015

J SHIVERS

PETERSON & MYERS, P.A.

ATTORNEYS AT LAW • SINCE 1948

LAKE WALES
(863) 676-7611 OR (863) 683-8942
FAX (863) 676-0643

P.O. DRAWER 7608
WINTER HAVEN, FLORIDA 33883-7608

199 AVENUE B N.W., SUITE 200 • WINTER HAVEN, FL 33881
(863) 294-3360 • FAX (863) 299-5498

www.PetersonMyers.com

LAKELAND
(863) 683-6511 OR (863) 676-6934
FAX (863) 682-8031

October 30, 2015

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: LE SISTERS, LLC

Ladies and Gentlemen:

In connection with the above Florida limited liability company, enclosed for filing please find an original Statement of Authority.

I am also enclosing this firm's check in the amount of \$25.00 covering the filing fee for the above document. After the above document has been filed, please return written confirmation to me of the filing.

If you have any questions, please let me know. Thank you for your assistance.

Sincerely,



Matthew D. Alexander

MDA/jh
Enclosures

M. DAVID ALEXANDER, III
JOHN B. ALLEN
PHILIP O. ALLEN
KEVIN A. ASHLEY
JACK P. BRANDON
JOSHUA K. BROWN
DEBRA L. CLINE

J. DAVIS CONNOR
DAVID G. FISHER
JOHN R. GRIFFITH
DAVID E. GRISHAM
WILLIAM H. HARRELL
TIMOTHY E. KILEY
KEVIN C. KNOWLTON

DAVID A. MILLER
CHRIS M. MORRISON
CORNEAL B. MYERS
E. BLAKE PAUL
ROBERT E. PUTERBAUGH
THOMAS B. PUTNAM, JR.
DEBORAH A. RUSTER

STEPHEN R. SENN
LOUISE W. SPIVEY
MATTHEW J. VAUGHN
KEITH H. WADSWORTH



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LE SISTERS, LLC

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:

M. DAVID ALEXANDER

Name of Person

PETERSON & MYERS, P.A.

Firm/Company

P. O. DRAWER 7608

Address

WINTER HAVEN, FLORIDA 33883-7608

City/State and Zip Code

DALEXANDER@PETERSONMYERS.COM

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

For further information concerning this matter, please call:

M. DAVID ALEXANDER

at (863) 294-3360

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

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: LE SISTERS, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000179026

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

75 SE 6TH ST., NO. 104

MIAMI, FL 33131

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

75 SE 6TH ST., NO. 104

MIAMI, FL 33131

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.

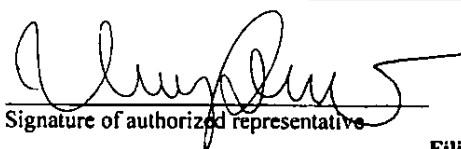
a. Granted to: DUYEN T. LE and TRINH LE, but the
instrument must be executed by both of them.

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: Each of DUYEN T. LE AND TRINH LE, without
the joinder of the other, is authorized to open,
maintain, and withdraw funds from bank accounts
in the name of the company.

b. No authority granted to: _____


Signature of authorized representative

DUYEN T. LE,
Administrative Member
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

15 NOV -2 AM 8:05
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA