

L15000196091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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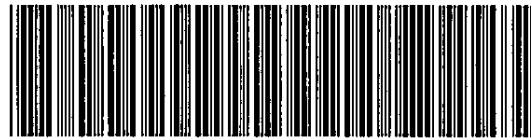
(Business Entity Name)

(Document Number)

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2016 OCT -3 A 10:01
DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

FILED

D. BRUCE
OCT 04 2016

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: ULTIMATE LIFESTYLE TRANSFORMATION LLC

SECOND: The Florida Document Number of the limited liability company is: L15000196091

THIRD: The street address of the limited liability company's principal office is:
355 PRESTWICK CIRCLE,
APT.2
PALM BEACH GARDENS, FL.33418

The mailing address of the limited liability company's principal office is:
355 PRESTWICK CIRCLE,
APT.2
PALM BEACH GARDENS, FL.33418

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: MICHAEL JOSEPH KENNY

b. No authority granted to: GLENN SANDS

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

a. Granted to: MICHAEL JOSEPH KENNY

b. No authority granted to: GLENN SANDS

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Michael J Kenny
Signature of authorized representative

MICHAEL J KENNY
Typed or printed name of signature

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