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COVER LETTER

SUBJECT:	Name of Li	mited Liability Com	pany
Dear Sir of Madam:			
The enclosed Statement of Authori	ity and fee(s) are	submitted for filing.	,
Please return all correspondence co	oncerning this ma	itter to the following:	
Joshua Blank			,
Name of I	Person	. •	•
Trend RE LLC			
Firm/Con			
6583 Gateway Ave			
Address	S		
Sarasota FL 34231			
City/State and Z	ip Code	·	
trendrellc@gmail.com			
E-mail address: (to be use	ed for future annu	ual report notification	1)
For further information concerning	g this matter, plea	se call:	
Joshua Blank		941 at (928-3449
Name of Person		Area Code	Daytime Telephone Number

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

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

STATEMENT OF AUTHORITY

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OND: The Flo	rida Document Number	of the limited liabi	lity company is:	3000190243	· · · · · · · · · · · · · · · · · · ·		
	address of the limited lia teway Ave Saraso	ta FL 34231	principal office is:				
·							
The maili	ng address of the limited		's principal office i				
6583 Ga	teway Ave Saraso						
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RTH: This sta				ll persons having	the status o	L	Ę
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