15000208891

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K. SALY FEB - 9 2017

COVER LETTER

TO:	Registration Sec Division of Corp			
OU D		YAL PALM LLC		
SUBJI	ECT:	Name of L	imited Liability Comp	pany
Dear S	ir or Madam:			
The en	closed Statement of	of Authority and fee(s) are	submitted for filing.	
Please	return all correspo	ndence concerning this m	atter to the following:	
sco	T BENNETT			
		Name of Person		
		p: /a		
		Firm/Company		
2751	S OCEAN DE	R 302-S		•
		Address		
HOL	LYWOOD FL	33019		
	City/St	ate and Zip Code		
SBE	NNETT55@G	MAIL.COM		
	E-mail address:	(to be used for future ann	ual report notification)
For fur	rther information c	oncerning this matter, plea	ase call:	
sco	T BENNETT		954 at ()	920 0990
	Name o	of Person	Area Code	Daytime Telephone Number
	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive	oorations [.]	Registrati Division e P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

authority:		liability company submits the follow	ing statement of
FIRST: The name of the lin	nited liability company is:	ROYAL PALM LLC	
SECOND: The Florida Doo	cument Number of the limited liab	bility company is: <u>L15000208891</u>	
THIRD: The street address	of the limited liability company's OCEAN DR 302-S		
HOLLYWOOD	FL 33019-2716		FEB 7
-	ess of the limited liability compan	ny's principal office is:	MILER TO SEE FLORID
HOLLYWOOD	FL 33019-2716		all the
	n instrument transferring real prop ed to:	perty held in the name of the company	<i>r</i> .
b. No au	thority granted to: HARRY S	SICHAK	
	o other transactions on behalf of, of ed to :	or otherwise act for or bind, the compa	any.
b. No au	thority granted to: HARRY S	SICHAK	
Al a Sen	A	SCOT BENNETT	
Signature of authorized repre	Filing Fee:	Typed or printed name of \$25.00 \$30.00 (optional)	signature

CR2E138 (2/14)