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## **COVER LETTER**

	ision of Corporations		
SUBJECT:	Pasco Industrial Ventures. LL	C	
SUBJECT:	Name of Lin	nited Liability Com	pany
Dear Sir or N	/ladam:		
The enclosed	Statement of Authority and fee(s) are s	ubmitted for filing.	
Please return	all correspondence concerning this mat	ter to the following	:
Larry G. (	Guilford, Manager/Member		
	Name of Person		
Pasco Inc	dustrial Ventures, LLC		
	Firm/Company		
Post Offic	ce Box 1270		
	Address		
Dade City	/, Florida 33526		
	notmail.com	र के र विभागतः - विक्रहानकः क्रमिन्स्विति विक्रहे	r tradition of the second and the filtering and the second and the second and the second and the second and the
E-n	nail address: (to be used for future annua	Il report notification	1)
For further in	formation concerning this matter, pleas	e call:	
Larry G. (	Guilford	813	230-9129
	Name of Person	Area Code	Daytime Telephone Number
Reg Div	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building	Registrat	IG ADDRESS: ion Section of Corporations : 6327

Tallahassee, Florida 32314

2661 Executive Center Circle Tallahassee, Florida 32301

## STATEMENT OF AUTHORITY

authority:	mem or
FIRST: The name of the limited liability company is: Pasco Industrial Ventures,	LLC
SECOND: The Florida Document Number of the limited liability company is:	366°
THIRD: The street address of the limited liability company's principal office is:	
12251 U.S. Highway 301, Dade City, Florida 33525	
The mailing address of the limited liability company's principal office is:  Post Office Box 1270, Dade City, Florida 33526	
FOURTH: This statement of authority grants or sets limitations of authority on all persons having the stat position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a s person on the following:	
1. May execute an instrument transferring real property held in the name of the company.	
a. Granted to: Larry G. Guilford, Manager/Member	16 JAN 14
b. No authority granted to:	AH 7:5
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.	
a. Granted to: Larry G. Guilford, Manager/Member	
b. No authority granted to:	
Larry G. Guilford Signature of a) thoyized representative  Typed or printed name of signature	vea.
Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)	16