

**L16000037889**

\_\_\_\_\_  
(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



700297353817

04/19/17--01024--010 \*\*25.00

FILED

17 APR 19 AM 9:18

O SIMMONS  
APR 20 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WICKED DANCE ACADEMY, LLLC

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:

**KENNETH S. GLUCKMAN**

Name of Person

**GENERAL COUNSEL ADVISORS, P.A.**

Firm/Company

**1079 W. MORSE BLVD., SUITE C**

Address

**WINTER PARK, FLORIDA 32780**

City/State and Zip Code

**kathy@businessgc.com**

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

For further information concerning this matter, please call:

**Kathy Seng**

Name of Person

at ( **407** )

Area Code

**956-1000**

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: WICKED DANCE ACADEMY, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L16000037889

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

9480 Narcoossee Road, Suite 124

ORLANDO, FL 32822

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

9985 SWEETLEAF STREET

ORLANDO, FL 32827

**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.

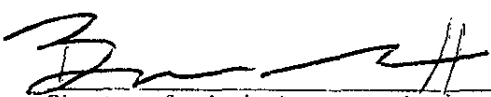
a. Granted to: BRIAN MAROTTA AND NICOLE MAROTTA

b. No authority granted to: TAYLOR ESTEVEZ

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

a. Granted to: BRIAN MAROTTA AND NICOLE MAROTTA

b. No authority granted to: TAYLOR ESTEVEZ

  
Signature of authorized representative

BRIAN MAROTTA

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)