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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Abba 9, LLC

\_\_\_\_\_  
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:

Shivon Patel, Esq.

\_\_\_\_\_  
Name of Person

The Principal Law Firm, P.L.

\_\_\_\_\_  
Firm/Company

7025 CR46A Suite 1071 PMB 353

\_\_\_\_\_  
Address

Lake Mary, FL 32746

\_\_\_\_\_  
City/State and Zip Code

shivon@principallaw.net

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

For further information concerning this matter, please call:

Shivon Patel

\_\_\_\_\_  
Name of Person

407

\_\_\_\_\_  
Area Code

322-3003

\_\_\_\_\_  
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: Abba 9, LLC

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

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

522 S. Hunt Club Blvd., #158

Apopka, FL 32703

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

522 S. Hunt Club Blvd., #158

Apopka, FL 32703

**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.

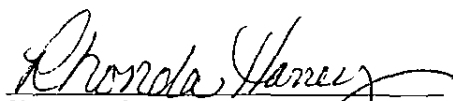
a. Granted to: Rhonda Haney

b. No authority granted to: Walter J. Haney, Jr.

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

a. Granted to: Rhonda Haney

b. No authority granted to: Walter J. Haney, Jr.

  
Signature of authorized representative

Rhonda Haney,  
Trustee of the GUT Revocable Trust  
Typed or printed name of signature

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