116000055313

(Requestor's Name)		
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O.BRUCE

COVER LETTER

TO: Registration Section Division of Corporations			
129 A Street, LLC SUBJECT:			
	ed Liability Comp	pany	
Dear Sir or Madam:			
The enclosed Statement of Authority and fee(s) are sub	mitted for filing.		
Please return all correspondence concerning this matter	to the following:		
Robert Feldman			
Name of Person			
Firm/Company	 		
55 NE 5th Ave Ste 500			
Address			
Boca Raton, Fl. 33432			
City/State and Zip Code			
E-mail address: (to be used for future annual r	eport notification)	2016 SECO JALLE
For further information concerning this matter, please of	all:		IS APR
Robert Feldman	561 at ()	392-6090	R -5
Name of Person	Area Code	Daytime Telephon	e Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		2: 4 \$TATE L'ORIE

Tallahassee, Florida 32314

Clifton Building 2661 Executive Center Circle

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

authority:	his limited liability company submits the following statement of
FIRST: The name of the limited liability company	is: 129 A Street, LLC
SECOND: The Florida Document Number of the l	limited liability company is: 16000055313
THIRD: The street address of the limited liability of 937 Kokomo Key Lane	
Delray Beach, Fl. 33483	
The mailing address of the limited liabili	ity company's principal office is:
Delray Beach, Fl. 33483	
position of a person in a company, whether as a mer person on the following:	ets limitations of authority on all persons having the status or ember, transferee, manager, officer or otherwise or to a specific ong real property held in the name of the company.
a. Granted to:	7. 2011 AE
	APR -5 P
	behalf of, or otherwise act for or bind, the company
b. No authority granted to:	
altur	Cole Leavitt
Signature of authorized representative Filing Certif	Typed or printed name of signature ; Fee: \$25.00 [fied Copy: \$30.00 (optional)]

CR2E138 (2/14)