

L16 000110306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

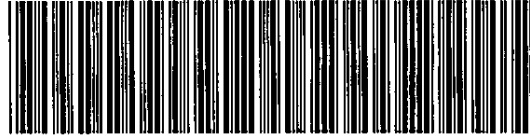
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

JUL -1

# CRAMER, PRICE & de ARMAS, P.A.

ATTORNEYS AT LAW

1411 EDGEWATER DRIVE, SUITE 200  
ORLANDO, FLORIDA 32804

CHARLES W. CRAMER\*  
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CHAD A. SHIMEL

(407) 843-3300  
FAX (407) 843-6300  
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\*ALSO ADMITTED IN GEORGIA

\*\*ALSO ADMITTED IN WASHINGTON, D.C.

OF COUNSEL: PHILIP A. THARP  
1939-2003

June 24, 2016

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Statement of Authority  
Perez Self Directed, LC  
CPD file reference: 16138

Dear Registration Representative:

Please find enclosed our firm check in the amount of \$55.00 for one (1) certified copy of the Statement of Authority for the Perez Self Directed, LLC, a Florida limited liability company.

Also enclosed is a return envelope for your convenience in returning the certified copy back to this office.

Thank you for your assistance and cooperation in this request.

Yours very truly,



Stephen H. Price

SHP/drs  
enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PEREZ SELF DIRECTED, 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:

Stephen H. Price

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

Cramer, Price & deArmas, P.A.

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

1411 Edgewater Drive, Suite 200

\_\_\_\_\_  
Address

Orlando, FL 32804

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

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

For further information concerning this matter, please call:

Brian W Perez at (407) 3835134  
Name of Person Area Code 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: PEREZ SELF DIRECTED, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000110306

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

615 MACARTHUR DRIVE

ORLANDO, FL 32839

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

615 MACARTHUR DRIVE

ORLANDO, FL 32839

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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.

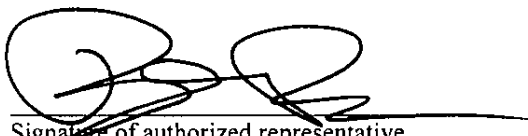
a. Granted to: BRIAN W. PEREZ

b. No authority granted to: no one

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

a. Granted to: BRIAN W. PEREZ

b. No authority granted to: no one



Signature of authorized representative

Brian W. Perez

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)