

L16000123687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**COVER LETTER**

• **TO:** Registration Section  
Division of Corporations

**SUBJECT:** ANLU 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:

LUIS H. ESCOBAR

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

ANLU LLC

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

4474 WESTON ROAD, SUITE 169

\_\_\_\_\_  
Address

DAVIE, FL 33331

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

lhescobar@escobarinvest.com

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

For further information concerning this matter, please call:

Luis H Escobar

305  
at ( )

5023478

\_\_\_\_\_  
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: ANLU LLC

**SECOND:** The Florida Document Number of the limited liability company is: L16000123687

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

4474 WESTON ROAD, SUITE 169

DAVIE, FL 33331

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

SAME

**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.

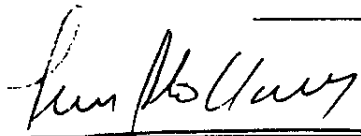
a. Granted to: LUIS H. ESCOBAR

b. No authority granted to: \_\_\_\_\_

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

a. Granted to: LUIS H. ESCOBAR

b. No authority granted to: \_\_\_\_\_



Signature of authorized representative

LUIS H. ESCOBAR

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

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