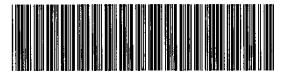
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COVER LETTER

	Registration Section Division of Corporations			
cup iec	DOUBLE E'S PROPERTIES	SLLC		
Name of Limited Liability Company				
Dear Sir	or Madam:			
The enclo	osed Statement of Authority and fee(s) are	submitted for filing.		
Please re	turn all correspondence concerning this m	atter to the following:		
JODE	E C. HANNON			
	Name of Person			
DOUB	LE E'S PROPERTIES LLC			
	Firm/Company			
11892	WALKER AVENUE			
	Address			
SEMIN	IOLE, FLORIDA 33772			
	City/State and Zip Code			
Limelig	ghtstaging@aol.com			
	E-mail address: (to be used for future ann	ual report notification)		
For furthe	er information concerning this matter, plea	ase call:		
JODE	E C. HANNON	at (727) 776-7674		
	Name of Person	Area Code Daytime Telephone Number		
]	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

CR2E138 (2/14)

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:			
FIRST:	RST: The name of the limited liability company is: DOUBLE E'S PROPERTIES LLC		
SECON	ID: The Florida Document Number of the limited liability company is:	2	
	The street address of the limited liability company's principal office is: 11892 WALKER AVENUE		
	SEMINOLE, FLORIDA 33772	16: 7ALL	
	The mailing address of the limited liability company's principal office is: 11892 WALKER AVENUE	EP 20 T	
	SEMINOLE, FLORIDA 33772	SFLOR	
position	TH: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following: 1. May execute an instrument transferring real property held in the name of the compan a. Granted to: JODEE C. HANNON AND KEVIN P. HANNON	or to a specific	
	b. No authority granted to:	-	
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa. a. Granted to: JODEE C. HANNON AND KEVIN P. HANNON		
	b. No authority granted to:	- -	
Sign	du C Hannon Typed or printed name of authorized representative Typed or printed name of the control of the co		

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)