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## **COVER LETTER**

Divi	ision of Corporations				
SUBJECT:	JJ & MCC Renovations, LLC				
Name of Limited Liability Company					
Dear Sir or M	Aadam:				
The enclosed	Statement of Authority and fee(s) are su	bmitted for filing.			
Please return	all correspondence concerning this matter	er to the following	:		
Juan Ca	arlos Perez				
	Name of Person				
JJ & MC	C Renovations, LLC				
	Firm/Company				
2511 S F	Kigsway Rd.				
	Address				
Seffner,	FL 33584				
	City/State and Zip Code				
maricuch	na1010@gmail.com				
E-m	nail address: (to be used for future annual	report notification	n)		
For further in	formation concerning this matter, please	call:			
Maria C.	Cueva	813	Daytime Telephone Number		
	Name of Person	Area Code	Daytime Telephone Number		
Reg Divi Clifi	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building	Registrat Division P.O. Box			
266	1 Executive Center Circle	Tallahassee, Florida 32314			

Tallahassee, Florida 32301

TO: Registration Section

## STATEMENT OF AUTHORITY

Pursuant authority:	to section 605.0302(1). Florida Statutes, this limited liability company submits the follow	wing state	ment of
FIRST:	The name of the limited liability company is:JJ & MCC Renovations, LLC	<u> </u>	
SECONI	2: The Florida Document Number of the limited liability company is: L170001093	70	
THIRD:	The street address of the limited liability company's principal office is: 2511 S Kingsway Rd.		
-	Seffner, FL. 33584	_	
-	The mailing address of the limited liability company's principal office is: 2511 S Kingway Rd.	_	
-	Seffner, FL. 33584	-	
person on	H: This statement of authority grants or sets limitations of authority on all persons having a person in a company, whether as a member, transferee, manager, officer or otherwise the following:      May execute an instrument transferring real property held in the name of the compana.      Granted to:      Maria C. Cueva		17.1967 20 114 8: 49
	b. No authority granted to:	_	
í	2. May enter into other transactions on behalf of, or otherwise act for or bind, the com a. Granted to:  Maria C. Cueva	– pany. –	
	b. No authority granted to:	- -	
Signature	of authorized representative  Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)		ıre