## L17000113940

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## COVER LETTER .

Registration Section Division of Corporations

TO:

SUBJECT: SANLEE PROPERTIES, LLC	
	ed Liability Company
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matte	r to the following:
Brent Baris	
Name of Person	
Baris Law, PLLC	
Firm/Company	
15906 NW 288th Lane	<del> </del>
Address	
Alachua, FL 32615	<del>_</del>
City/State and Zip Code	
virginia@sanchezfarms.net	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, please	call:
Brent Baris	at (813 ) 363-5676
Name of Person	Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

## STATEMENT OF AUTHORITY

authority	•	ang statement of	
FIRST:	The name of the limited liability company is: SANLEE PROPERTIES, LLC		
SECON	D: The Florida Document Number of the limited liability company is: L17000113940		
THIRD	: The street address of the limited liability company's principal office is: 479 NE 446TH STREET		
	OLD TOWN, FL 32680	-	
	The mailing address of the limited liability company's principal office is: 479 NE 446TH STREET	-	
	OLD TOWN, FL 32680	-	
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 companda.  Granted to: Herman Sanchez, Jr., Virginia Sanchez,	or to a specific	て
	b. No authority granted to:	6 AM 9: 00 RY OF STATE SSEE, FLORIDI	
	May enter into other transactions on behalf of, or otherwise act for or bind, the comp     a. Granted to: Herman Sanchez, Jr., Virginia Sanchez,     Herman Sanchez III, Kelby Sanchez	pany.	
	b. No authority granted to:	-	
) Signatu	Virginia Sanchez e of authorized representative Typed or printed name of	of signature	
	Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)		