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## COVER LETTER

Division of Corporations		
2023-2095 HILLVIEW STREET	T LLC	
SUBJECT: Name of Limit	ted Liability Com	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are suf-	bmitted for filing.	
Please return all correspondence concerning this matte	r to the following	
ADAM SELIGMAN, ESQ.		
Name of Person	<u> </u>	
WARD DAMON		
Firm/Company		
4420 BEACON CIRCLE		
Address		
WEST PALM BEACH, FLORIDA 33407		
City/State and Zip Code		
ASELIGMAN@WARDDAMON.COM		
E-mail address: (to be used for future annual	report notification	1)
For further information concerning this matter, please	call:	
ADAM SELIGMAN	561	842-3000
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 fol authority:	
FIRST: The name of the limited liability company is: 2023-2095 HILLVIEW STREE	ET LLC
SECOND: The Florida Document Number of the limited liability company is: L17000144	748
THIRD: The street address of the limited liability company's principal office is:  7 LAGOMAR ROAD PALM BEACH, FL 33480	
The mailing address of the limited liability company's principal office is:  7 LAGOMAR ROAD PALM BEACH, FL 33480	<del></del>
FOURTH: This statement of authority grants or sets limitations of authority on all persons ha position of a person in a company, whether as a member, transferce, manager, officer or otherw person on the following:  1. May execute an instrument transferring real property held in the name of the com  a. Granted to:  N/A	vise or to a specific 7007 pany.
b. No authority granted to: sell,mortgage or encumber propertie	es es
2. May enter into other transactions on behalf of, or otherwise act for or bind, the coal at the coal and the coal at the coa	
bank accounts, repair agreements and related matters  b. No authority granted to: sell,mortgage or encumber properties	<del></del>
MATHIEU P. RO	
Signature of authorized representative  Typed or printed nan  Filing Fee: \$25.00  Certified Conv. \$30.00 (antional)	ne of signature

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