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COVER LETTER

TO:		istration Section ision of Corporations		
era	cor.	2023-2095 HILLVIEW STREE	T LLC	
SUBJE	ect:	Name of Limi	ted Liability Comp	any
Dear S	ir or N	·ladam:		
The en-	closec	d Statement of Authority and fee(s) are su	bmitted for filing.	
Please	return	all correspondence concerning this matte	er to the following:	
ADA	M SI	ELIGMAN, ESQ.		
		Name of Person		
WAR	D D	AMON		
		Firm/Company		
4420	BE/	ACON CIRCLE		
		Address		
WES	ST PA	ALM BEACH, FL 33407		
		City/State and Zip Code		
ASE	LIGN	MAN@WARDDAMON.COM		
	E-r	nail address: (to be used for future annual	report notification)
For fur	ther is	nformation concerning this matter, please	call:	
ADA	M SI	ELIGMAN	561	842-3000
		Name of Person	Area Code	Daytime Telephone Number
	Reg Div Clit 266	REET/COURIER ADDRESS: gistration Section rision of Corporations fton Building H Executive Center Circle lahassee, Florida 32301	Registrati Division (P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314

TO:

STATEMENT-OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST:	IRST: The name of the limited liability company is: 2023-2095 HILLVIEW STREET L				
SECON	D: The Florida Document Number of the limited liability company is: L1700014474	8			
	The street address of the limited liability company's principal office is: c/o Belmont Associates LLC				
	777 E. Atlantic Avenue, Suite 301				
	Delray Beach, Florida 33483				
	The mailing address of the limited liability company's principal office is: c/o Belmont Associates LLC				
	777 E. Atlantic Avenue, Suite 301				
	Delray Beach, Florida 33483	_			
	of a person in a company, whether as a member, transferee, manager, officer or otherwise in the following: 1. May execute an instrument transferring real property held in the name of the compana. Granted to: N/A		specific 2018 JUN -8		
	b. No authority granted to: sell, mortgage or encumber properties	HASSEE FLOR	JN -8 PM 4:3		
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the comp a. Granted to: Danielle J. Ross	any.	37		
	(leases, utilities, repair agreements and related matters).	_			
	b. No authority granted to: sell, mortgage or encumber properties	-			
	MATHIEU P. ROSII e of authorized representative Typed or printed name of				

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)