

K 17000 171906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

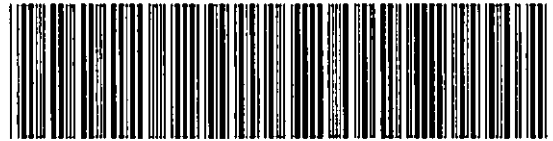
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations
6917 Grenelefe LLC

SUBJECT: _____
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy Kleinman

Name of Person

6917 Grenelefe LLC

Firm/Company

14111 Royal Vista Drive, Unit 105

Address

Delray Beach, Florida. 33484

City/State and Zip Code

mmchb22@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marilyn Mahler

646

2069121

at ()

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF AUTHORITY

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

6917 Grenelefe LLC

FIRST: The name of the limited liability company is: _____

L17000171906

SECOND: The Florida Document Number of the limited liability company is: _____

THIRD: The street address of the limited liability company's principal office is:

14111 Royal Vista Drive Unit 105, Delray Beach, FL 33484

The mailing address of the limited liability company's principal office is:
same as above

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company:

AMY KLEINMAN

a. Granted to: _____

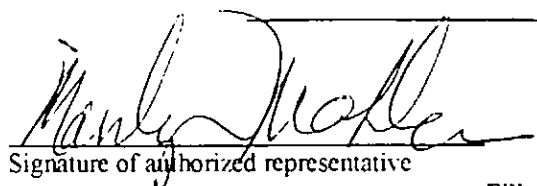
b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company:

JODY BELCASTRO

a. Granted to: _____

b. No authority granted to: _____


Signature of authorized representative

Marilyn Mahler

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)