## L17000205756

(Requestor's Name)			
(Address)			
, (Address)			
(City/State/Zip/Phone #)			
(0.1).0.00.2.p			
PICK-UP WAIT MAIL			
(Duning and Entitle Manne)			
(Business Entity Name)			
(Document Number)			
(Bootine Hamber)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

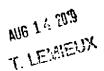
Office Use Only



600332679276

08,'09/19--01007--036 \*+25.00





## **COVER LETTER**

TO: Registra Division	tion Section of Corporations				
TR SUBJECT:	EVI ISLE, LLC				
Name of Limited Liability Company					
Dear Sir or Mada	m:				
The enclosed Sta	tement of Authority and fee(s) are	submitted for filing.			
Please return all o	orrespondence concerning this ma	atter to the following	::		
Robert R. Ke	nnedy				
	Name of Person				
TREVIISLE,	LLC				
	Firm/Company				
6400 Congre	ss Avenue Suite 2175				
	Address	+			
Boca Raton,	FL 33487		•		
	City/State and Zip Code				
rob@kenned	yhomes.com				
E-mail a	ddress: (to be used for future annu	al report notification	1)		
For further inform	nation concerning this matter, plea	se call:			
Robert E. Pe	rshes, Esq.	561	910-8923  Daytime Telephone Number		
	Name of Person	Area Code	Daytime Telephone Number		
Registrat Division Clifton E	F/COURIER ADDRESS: ion Section of Corporations ouilding ecutive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

Tallahassee, Florida 32301

• •	STATEMENT OF AUTHORITY			
authorit	•			
FIRST	: The name of the limited liability company is: TREVI ISLE, LLC			
SECO	ND: The Florida Document Number of the limited liability company is: L17000205756			
	The street address of the limited liability company's principal office is:  6400 Congress Avenue Suite 2175			
	Boca Raton, FL 33487			
	The mailing address of the limited liability company's principal office is: 6400 Congress Ave Suite 2175			
	Boca Raton, FL 33487			
1	1. May execute an instrument transferring real property held in the name of the company.  a. Granted to:  Robert R. Kennedy, Brian Kennedy			
	b. No authority granted to:  Stephen E Gravett, Michael E Ehrliche Kevin Swill			
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the contain.  a. Granted to: Robert E Kennedy, Brian Kennedy			
	b. No authority granted to: Stephen E Gravett, Michael E Ehrlich, Kevin Swill			
	Robert R. Kennedy			
Signatu	re/of authorized representative Typed or printed name of signature Filing Fee: \$25.00			

\$25.00 Certified Copy: \$30.00 (optional)