## L17000209416

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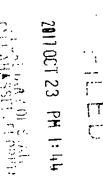
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## **COVER LETTER**

TO: Registration Section Division of Corporations CC-1601 N WOODLAND BLVD DELAND FL 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: Jose L. Torres Name of Person Jose L. Torres, P.A. Firm/Company 224 Palermo Avenue Address Coral Gables, FL 33134 City/State and Zip Code fli@fg-llc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jose L. Torres 400-8802 Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314

Tallahassee, Florida 32301

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this authority:	limited liability company submits the following statement of
FIRST: The name of the limited liability company is:	CC-1601 N WOODLAND BLVD DELAND
FL LLC, a Florida limited liability compan	
	1.17000200416
SECOND: The Florida Document Number of the lim	ited liability company is:
THIRD: The street address of the limited liability con 299 Alhambra Circle, Suite 510	
Coral Gables, FL 33134	
	8
The mailing address of the limited liability of 299 Alhambra Circle, Suite 510	~ ~
Coral Gables, FL 33134	
May execute an instrument transferring re a. Granted to: Pun For Li	eal property held in the name of the company.
b. No authority granted to:	
May enter into other transactions on beha a. Granted to:	alf of, or otherwise act for or bind, the company.
b. No authority granted to:	
filf	Pun For Li
Signature of authorized representative Filing Fee	Typed or printed name of signature :: \$25.00
	Conv. \$30.00 (ontional)