## 118000092495

(Re	equestor's Name)		
(Ad	idress)		
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(Cit	ty/State/Zip/Phone	#)	
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SECRETAN DE STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations		
RE2SS, LLC		
Name of Li	mited Liability Comp	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Anthony Mullersman		
Name of Person	····	
RE2SS, LLC		
Firm/Company		
1050 7th St. S	_	
Address	- <del></del>	
St. Petersburg, FL 33701		
City/State and Zip Code		
tony.mullersman@gmail.com		
E-mail address: (to be used for future ann	ual report notification	n)
For further information concerning this matter, plea	ase call:	
Anthony Mullersman	352 at (	281-5441
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	

Tallahassee, Florida 32301

## STATEMENT OF AUTHORITY

authority:	05.0302(1), Florida Statutes, this limited		statement of
FIRST: The name of	of the limited liability company is:	SS, LLC	<del></del>
SECOND: The Flo	rida Document Number of the limited liab	ility company is:	
	address of the limited liability company's or Lake Drive N	principal office is:	
St. Peter	sburg, FL 33701		
	ng address of the limited liability company	y's principal office is:	
St. Peter	sburg, FL 33701		
position of a person person on the follow	Granted to:  Market Hudson Harr	erty held in the name of the company.	
b.	No authority granted to:		PH 7: 15
2. May e	nter into other transactions on behalf of, o  Granted to:  Anthony Mullersmar  Hudson Harr		
b.	No authority granted to:		
<u></u>		Anthony Mullersman	
Signature of authoriz	Filing Fee:	Typed or printed name of sig \$25.00 \$30.00 (optional)	nature