

L18000 180 032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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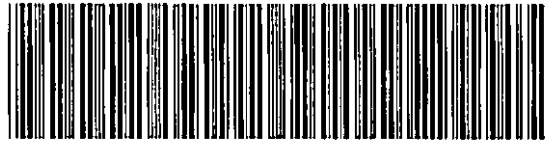
(Business Entity Name)

(Document Number)

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MAR 22 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: L & L ORLANDO  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lynn B. Aust  
Name of Person

Aust Law Firm  
Firm/Company

1220 East Livingston Street  
Address

Orlando, FL 32803  
City/State and Zip Code

dave.attorney@austlaw.biz  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn B. Aust at ( 407 ) 447-5399  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

STATEMENT OF AUTHORITY

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

FIRST: The name of the limited liability company is: L & L ORLANDO

SECOND: The Florida Document Number of the limited liability company is: L18000180032

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

1220 East Livingston Street  
Orlando, FL 32803

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

1220 East Livingston Street  
Orlando, FL 32803

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.


a. Granted to: Lynn B. Aust, AMBR;  
Lorence M. Moot, AMBR

b. No authority granted to: \_\_\_\_\_

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

a. Granted to: Lynn B. Aust, AMBR;  
Lorence M. Moot, AMBR

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

Lynn B. Aust  
Typed or printed name of signature

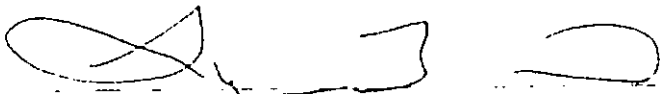
Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

## STATEMENT OF AUTHORITY

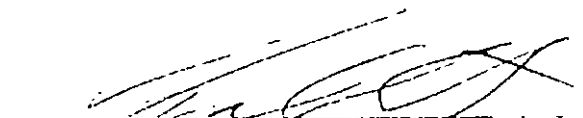
We, LYNN B. AUST and LORENCE M. MOOT, Authorized Members for L&L Orlando, LLC (hereinafter "Company"), with the principal and mailing address of 1220 E. Livingston Street, Orlando, FL 32803, state the authority granted for the following person(s) and position(s):

1. LYNN B. AUST, Authorized Member of the Company, has the absolute authority to:
  - a. Execute an instrument transferring real property held in the name of the Company; and
  - b. Enter into other transactions on behalf of, or otherwise act for or bind, the Company.
2. LORENCE M. MOOT, Authorized Member of the Company, has the absolute authority to:
  - a. Execute an instrument transferring real property held in the name of the Company; and
  - b. Enter into other transactions on behalf of, or otherwise act for or bind, the Company.

1 This Statement of Authority is effective as of the 31st day of July, 2018.



LYNN B. AUST, Authorized Member



LORENCE M. MOOT, Authorized Member

This Statement of Authority prepared by:  
Aust Law Firm  
1220 E. Livingston St.  
Orlando, FL 32803  
407-447-5399