

L18000197773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

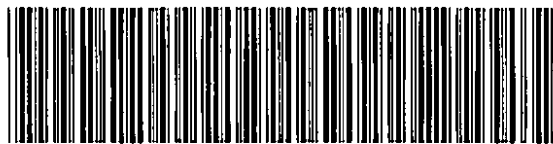
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DVD Life Cycle, LLC

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:

Patrick B. Casey

Name of Person

Casey Law Group, PL

Firm/Company

P.O. Box 2527

Address

Bonita Springs, FL 34133

City/State and Zip Code

patrick@caseylawoffice.com

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

For further information concerning this matter, please call:

Patrick B. Casey

Name of Person

239

at ()

Area Code

498-6999

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

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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: DVD Life Cycle, LLC

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

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

243 SW 33rd Court

Fort Lauderdale, FL 33315

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

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.

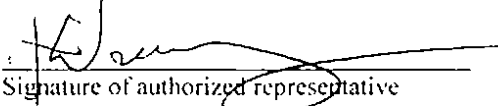
a. Granted to: William Gonzalez

b. No authority granted to: Harry Cibants, Adolfo I. Gonzalez

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

a. Granted to: William Gonzalez

b. No authority granted to: Harry Cibants, Adolfo I. Gonzalez


Signature of authorized representative

William Gonzalez
Typed or printed name of signature

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