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## COVER LETTER

TO: Registration Section Division of Corporations		•
Ron and Susan Shane Fa	mily Holdings, LLC	
SUBJECT: Name o	of Limited 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	s matter to the following:	
Jason B. Giller, Esq.		
Name of Person		
Jason B. Giller, P.A.		
Firm/Company		
701 Brickell Ave., Suite 2000		
Address		
Miami, FL 33131		
City/State and Zip Code		
jason@gillerpa.com		
E-mail address: (to be used for future a	annual report notification	<del>))</del>
For further information concerning this matter, p	please call:	
Jason Giller	305	999-1906
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	Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee. Florida 32314

## STATEMENT OF AUTHORITY

The table of	FIRST: The name of the limited liability company is:			
SECOND: The Flor	orida Document Number of the limited liability company is:			
	address of the limited liability company's principal office is: on B. Giller, P.A.			
701 Brick	kell Ave., Suite 2000	_		
Miami, F				
	ing address of the limited liability company's principal office is:	-		
		-		
position of a person i person on the follow	ecute an instrument transferring real property held in the name of the compan Ronald Shane, Susan Shane and Jason Giller	or to a sp		
u.	Each may take action individually			
b.	No authority granted to:	: 17: 17:		
2. May ea	enter into other transactions on behalf of, or otherwise act for or bind, the comp Granted to:  Ronal Shane, Susan Shane, and Jason Giller each may take action individually	pany.		
	7	-		
b	No authority granted to:			
b	No authority granted to:  Justin Giller	-		