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## COVER LETTER

TO:	Registration Section Division of Corporations	: :	·
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SUBJ	MONOPOLY HOMES LLC ECT:		
		Limited Liability Cor	mpany
Dear S	Sir or Madam:		
The er	nclosed Statement of Authority and fee(s) ar	re submitted for filing	<b>5</b> .
Please	return all correspondence concerning this r	natter to the followin	g:
MELI	SSA N. FARLIN		
	Name of Person		_
MON	OPOLY HOMES LLC		
	Firm/Company	·	-
11624	KILKENNY CORAL DRIVE		
	Address		_
RIVE	RVIEW FL 33579		
	City/State and Zip Code	<del>,_</del> .	_
capicu	ahomes@gmail.com		
	E-mail address: (to be used for future an	nual report notification	on)
For fu	rther information concerning this matter, ple	ease call:	
MELI	SSA N. FARLIN	646 at (	509-3811
	Name of Person	Area Code	Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 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: MONOPOLY HOMES 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: 11624 KILKENNY CORAL DRIVE RIVERVIEW FL 33579 The mailing address of the limited liability company's principal office is: 11624 KILKENNY CORAL DRIVE RIVERVIEW FL 33579 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: MELISSA N. FARLIN b. No authority granted to: May enter into other transactions on behalf of, or otherwise act for or bind, the company. Granted to : \_\_\_ No authority granted to: \_\_\_\_\_\_ DAN C. FARLIN IV Typed or printed name of signature Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)