

**L20 0000 20840**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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R. WHITE

DEC 10 2020

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LIVE FIRE CYBER SOLUTIONS 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:

Andrew Owens

Name of Person

LIVE FIRE CYBER SOLUTIONS LLC

Firm/Company

4207 S Dale Mabry Hwy, Unit 1107

Address

Tampa, FL 33661

City/State and Zip Code

Andrew.tensor@gmail.com

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

For further information concerning this matter, please call:

Andrew Owens

Name of Person

at ( 33661 )

Area Code

813-613-7999

Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

### 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: LIVE FIRE CYBER SOLUTIONS LLC

**SECOND:** The Florida Document Number of the limited liability company is: L20000020840

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

1837 COLONIAL WOODS BLVD  
ORLANDO, FL 32826

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

1837 COLONIAL WOODS BLVD  
ORLANDO, FL 32826

**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: Andrew Owens

b. No authority granted to: KAYCEN NORELIEN

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

a. Granted to: Andrew Owens

b. No authority granted to: KAYCEN NORELIEN

  
\_\_\_\_\_  
Signature of authorized representative

Andrew Owens  
\_\_\_\_\_  
Typed or printed name of signature

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