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S. YOUNG

COVER LETTER 🕻

	Registration Section Division of Corporations		
SUBJEC	9488 Byron LLC T:		
	Name of L	imited Liability Co	mpany.
Dear Sir (or Madam:		
The enclo	sed Statement of Authority and fee(s) are	submitted for filing	} .
Please ret	urn all correspondence concerning this m	atter to the followin	g:
Andrew F	eldman		
	Name of Person		_
Clear Title	2 Services Inc		
	Firm/Company	-	_
IIII Kan	c Concourse Ste 209		
	Address	- <u> </u>	-
Bay Harbo	or Islands, FL 33154		
-	City/State and Zip Code		-
Andy@cle	artitleservices.com		
E	-mail address: (to be used for future annu	al report notificatio	n)
or further	information concerning this matter, plea-	se call:	
Andrew Fe	ddman	305 at (865-5718
	Name of Person	Area Code	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

authority:		liability company submits the foll Byron LLC	J
FIRST: The name of the limit	ed liability company is:	Byron LLC	
SECOND: The Florida Docu	nent Number of the limited liab	oility company is:	
THIRD: The street address of 9101 Bay Dr	the limited liability company's	s principal office is:	
Surfside FL 33154			
The mailing address 9101 Bay Dr	of the limited liability compan		_
Surfside FL 33154	· · · · · · · · · · · · · · · · · · ·		
FOURTH: This statement of position of a person in a compaperson on the following: 1. May execute an i	authority grants or sets limitation, whether as a member, trans	ons of authority on all persons have deree, manager, officer or otherw berty held in the name of the comp	pany A 15 Nation 1 SEP
b. No autho	ority granted to:		14 PM 6: 42
•		r otherwise act for or bind, the co	
b. No autho	ority granted to:		
25	<u></u>	Samuel Sontag	
Signature of authorized represe	Filing Fee:	Typed or printed name \$25.00 \$30.00 (optional)	2 of signature

CR2E138 (2/14)