# LZO 000 215300

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### **COVER LETTER**

TO:	Registration Section Division of Corporations	•, • •	
	I Pleasure LLC	•	
SUBJI	ECT:		
		Limited Liability Comp	pany
Dear S	ir or Madam:		
The er	closed Statement of Authority and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this	matter to the following:	
Erik	Lichter		
	Name of Person	<del></del> _	
The	Lichter Law Group		
	Firm/Company		
5805	Blue Lagoon Drive, Suite 178		
	Address		
Miar	ni, FL 33126		
	City/State and Zip Code		
Erik	@TheLichterLawGroup.com		
	E-mail address: (to be used for future a	nnual report notification	)
For fu	rther information concerning this matter, p	lease call:	
Erik	Lichter	305	894-6750
	Name of Person	at () 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

Pursuant to se authority:		nited liability company submits the following staten  Pleasure LLC	nent of
FIRST: The		riedsule LLO	
SECOND. T	The Florida Possessant Number of the limite	L20000215300 d liability company is:	
THIRD: The	e street address of the limited liability comp		
650	7 Pembroke Road	ຼ	2(
Hol	llywood, FL 33023	0:00 0:00 1:10 1:10	ا20 يارا
	e mailing address of the limited liability co	mpany's principal office is:	2020 JUL 31 PM 12: 2:
Hoi	llywood, FL 33023		29
person on the	following:  May execute an instrument transferring rea  Gabriella Sanabr	transferce, manager, officer or otherwise or to a sp property held in the name of the company.  ia Embus	ceme
	b. No authority granted to:	<del>.</del>	
2.	May enter into other transactions on behalf Gabriella Sanal a. Granted to:		
	b. No authority granted to:		
Pa	unthorized representative	Reybin David Trochez Avila	

Filing Fee:

\$25.00

Certified Copy: \$30.00 (optional)