L20 000224460

(ке	questor's Name)	
(Adı	dress)	
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COVER LETTER

	istration Section , , , , ision of Corporations				
SUDJEZT.	Decomont Properties, LLC				
SUBJEA, 11	Name of	Limited Liability Co.	mpany		
Dear Sir or N	dadam:				
The enclosed	Statement of Authority and fee(s) a	ire submitted for filing	g.		
Please return	all correspondence concerning this	matter to the following	ığ:		
Cheryl R. Ki	raus				
	Name of Person		_		
Cheryl R. Kı	raus, PA				
	Firm/Company		_		
1072 Goodle	ette Road North				
	Address		_		
Naples, FL	34102				
	City/State and Zip Code		_		
johnhushon@	@aol.com			三	202
E-n	nail address: (to be used for future a	nnual report notificati	on)	71	= A T
For further in	nformation concerning this matter, p	lease call:		AHA:	7070 CED OF
Cheryl Krau	s	239 ai (261-7716	Number C	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Name of Person	Area Code	Daytime Telephone N	Number C:)
	iling Address:		Street Address:		
-	gistration Section		Registration Section	ane	
	vision of Corporations 2. Box 6327		Division of Corporati The Centre of Tallaha		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

STATEMENT OF AUTHORITY

Pursuant to section authority:	605.0302(1), Florida Statutes, this limite	d liability company submits the following	į stateme	nt of
FIRST: The name	e of the limited liability company is:	omont Properties, LLC	 	
SECOND: The Fl	orida Document Number of the limited li	ability company is: 1.20000224460		
	et address of the limited liability company odlette Road North	e's principal office is:		
Naples, F	1. 34102			
	iling address of the limited liability compandette Road Notth	any's principal office is:		
Naples, F	1, 34102			
position of a persor person on the follo	n in a company, whether as a member, tra wing: execute an instrument transferring real pr	le with the concent of the Members	to a spec	ritic
	in accordance with the Bylaws and O		TALLAHASSE	2020 SEP 2
b	o. No authority granted to:			25 PH 12:
2. May	Mary Ann DeAngelis	or otherwise act for or bind, the company	严护,	ထ
b	o. No authority granted to:			
Sha DA	15h	John D. Hushon		_
Signature of author	rized representative Filing Fee: Certified Copy	Typed or printed name of si \$25.00 y: \$30.00 (optional)	gnature	