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## COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	TRUJILLO REAL ESTATE HOLDINGS LLC	
00.001	Name of Limited Liability Com	pany
Dear Sir	r or Madam:	
The enc	closed Statement of Authority and fec(s) are submitted for filing.	
Please r	return all correspondence concerning this matter to the following	:
DANIE	EL TRUJILLO	
	Name of Person	•
TRUHI	LLO REAL ESTATE HOLDINGS LLC	
	Firm/Company	
6304 FI	lamingo Drive	
	Address	•
Apollo	Beach, FL 33572	
	City/State and Zip Code	
dan.truj	jillo25@gmail.com	
<del></del>	E-mail address: (to be used for future annual report notification	n)
For furtl	her information concerning this matter, please call:	
Daniel '	Trujillo <u>519</u> at ( 760	4 <del>27 8956</del> ) 88803955
	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

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:  TRUJILLO REAL ESTATE HOLDINGS LLC							
	630	ne street )4 Flam	rida Document Number of the limited liability company is: L20000228338 address of the limited liability company's principal office is: ingo Drive ch, FL 33572				
	630	4 Flami	ng address of the limited liability company's principal office is: ngo Drive ch. FL 33572	SECRETARY TALLAHASSE	2021 NOV -9		
JOSHIOH	or a	e followi	ecute an instrument transferring real property held in the name of the company	or to a spec	A# 10: 51		
		a. b.	Granted to:  Daniel Trujillo and /or Alfredo Lopez. Sr.  No authority granted to:  Alicia Trujillo; Nick Miller				
	2.	May er a.	tter into other transactions on behalf of, or otherwise act for or bind, the compa Granted to: Daniel Trujillo and/or Alfredo Lopez, Sr.	nny.			
		b.	No authority granted to: Alicia Trujillo; Nick Miller				

Filing Fee: \$25.00

ature of authorized representative

25.00

Certified Cony: \$30.00 (ontional)

Daniel Trujillo

Typed or printed name of signature