# LZ1000076811

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2021 AFR -2 AHII: 42

D. BRUCE MAY 23 2021

#### COVER LETTER

то:	Registration Section Division of Corporations			
SUBJE	COCOON MMXIII, LLC			
.,,,,,,,,,	Name of Limited Liability Compa	ny		
Dear Si	r or Madam:			
The end	closed Statement of Authority and fee(s) are submitted for filing.			
Please 1	return all correspondence concerning this matter to the following:			
	JEREMY MCLYMONT, ESQ.			
	Name of Person			
	ASILIA LAW FIRM			
	Firm/Company			
	1000 W. CASS STREET			
	Address		14	20
	TAMPA, FLORIDA 33606		TALI	2021 APR
	City/State and Zip Code		17.7 77.7	% -2
	OFFICE@RFHCA.COM			
	E-mail address: (to be used for future annual report notification)			== \(\frac{1}{2}\)
For furt	her information concerning this matter, please call:		7-17	MH: 42
JEREM	IY MCLYMONT, ESQ 813	549 - 2813		
	Name of Person Area Code	Daytime Telephone Nu	ımber	

## 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 authority:		05.0302(1), Flo	rida Statutes, this lin	nited liability co	mpany submits the follow	ving statem	ent of
FIRST:	The name of	of the limited lia	bility company is:	COC	COON MMXIII. LLC		
SECONI	D: The Flor	rida Document ì	Number of the limite	d liability comp	L21000076811		
THIRD:	The street		mited liability comp CASS STREET, TA				
	The maili	ng address of th	e limited liability cor CASS STREET, TA	mpany's princip		-	
position of person on	of a person in the follow:  1. May ex	tement of authorin a company, wing:	rity grants or sets lime thether as a member, nent transferring real	nitations of author transferee, man property held in	ority on all persons having ager, officer or otherwise in the name of the companies D. RAMOS	or to a spec	cific
		No authority g	granted to:	<del></del>			2021 APR -2 AM
-	2. May er a.	nter into other tr	KENNY DAM	of, or otherwise OS OR PRINCE	eact for or bind, the comp ESS D. RAMOS	oany],fi -  -  -  -	1:12
	b.	No authority g	ranted to:				
Jer	remy W	McLymon ed representativ	<u>t</u>	_	Jeremy McLymont,		_
Signature	ofa <b>¢</b> thoriz	ed regresentativ	Filing Fee:	\$25.00 opy: \$30.00 (or	Typed or printed name ontional)	f signature	