

121000350346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

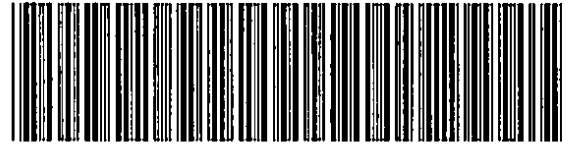
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** REAL ESTATE REHAB SOLUTIONS, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chanda Danis

Name of Person

Edwards &amp; Edwards PA

Firm/Company

6620 Southpoint Dr Sout. Suite 200

Address

Jacksonville, FL 32216

City/State and Zip Code

fluenefeld1@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chanda Danis 904 222-0829  
 \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
 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: REAL ESTATE REHAB SOLUTIONS, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L21000350346

**THIRD:** The street address of the limited liability company's principal office is:

249 ISLESBROOK PKWYST. JOHNS, FL 32259

The mailing address of the limited liability company's principal office is:

249 ISLESBROOK PKWYST. JOHNS, FL 32259

**FOURTH:** This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: Robert Huenefeld

b. No authority granted to: Dawn Alexander

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Robert Huenefeld

b. No authority granted to: Dawn Alexander

DocuSigned by:

Robert Huenefeld

Signature of authorized representative

Robert Huenefeld

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)