

L22000318167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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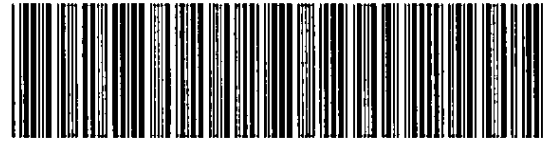
(Business Entity Name)

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TO: Registration Section  
Division of Corporations

SUBJECT: RENUD INTERNATIONAL 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:

Lynn B Aust, Esq  
Name of Person

Aust Law Firm  
Firm/Company

1220 E LIVINGSTON St  
Address

Orlando FL 32803  
City/State and Zip Code

doveattorney@austlaw.biz  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn B Aust at ( 407 ) 447-5399  
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

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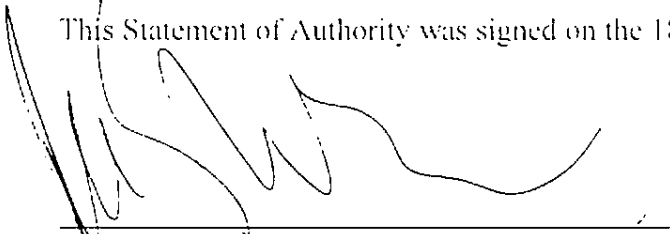
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## STATEMENT OF AUTHORITY

I, RENU SNEHL, sole Authorized Member for RENU INTERNATIONAL LLC (hereinafter "Company"), with the principal and mailing address of 11656 Brightstowe Way, Orlando, FL 32836 states the authority granted for the following person and position:

1. RENU SNEHL, sole Authorized Member of the Company, has the sole and absolute authority to:
  - a. Execute an instrument transferring real property held in the name of the Company; and
  - b. Enter into other transactions on behalf of, or otherwise act for or bind, the Company.

This Statement of Authority was signed on the 18<sup>th</sup> day of July, 2022.

  
\_\_\_\_\_  
RENU SNEHL, Authorized Member

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ED

This Statement of Authority prepared by:  
Aust Law Firm  
1220 E. Livingston St.  
Orlando, FL 32803  
407-447-5399