

L24000157430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

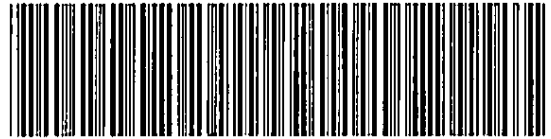
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BELLANNIE ENTERPRISES 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:

John Maniscalco

\_\_\_\_\_  
Name of Person

BELLANNIE ENTERPRISES LLC

\_\_\_\_\_  
Firm/Company

13533 KIRBY SMITH RD

\_\_\_\_\_  
Address

ORLANDO, FL, 32832

\_\_\_\_\_  
City/State and Zip Code

jmanis3688@aol.com

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

For further information concerning this matter, please call:

John Maniscalco

407

257-2663

\_\_\_\_\_  
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: BELLANNIE ENTERPRISES LLC

**SECOND:** The Florida Document Number of the limited liability company is: L24000157430

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

13533 KIRBY SMITH RD

ORLANDO, FL. 32832

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

13533 KIRBY SMITH RD

ORLANDO, FL. 32832

**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.

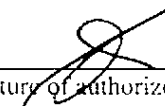
a. Granted to: JOHN MANISCALCO

b. No authority granted to: \_\_\_\_\_

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

a. Granted to: JOHN MANISCALCO

b. No authority granted to: \_\_\_\_\_

  
\_\_\_\_\_  
Signature of authorized representative

JOHN MANISCALCO

\_\_\_\_\_  
Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**