



(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	)
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## COVER LETTER

	egistration Section vision of Corporations		
	Odessa Realty Investments, LL	.C	
SUBJECT		of Limited Liability Co	ompany
Dear Sir or	Madam:		
The enclose	ed Statement of Authority and fee(	s) are submitted for filin	ıg.
Please retui	m all correspondence concerning t	his matter to the followi	ng:
Dan Pryor			
	Name of Person		<del>_</del>
Odessa Re	alty Investments, LLC		
	Firm/Company		<del></del>
1015 Atlan	itic Blvd, #335		
	Address		<del></del>
Atlantic Bo	each, FL 32233		
	City/State and Zip Code		_
dpryor@oc	dessainvest.com		
E-	mail address: (to be used for futur	e annual report notificat	ion)
For further	information concerning this matte	r, please call:	
Susan Day		904 at (	280-5584

## **Mailing Address:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Name of Person

Area Code

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Daytime Telephone Number

## STATEMENT OF AUTHORITY

Pursuant authority	t to section 605.0302(1), Florida Statutes, this limited liability company submits the following:	ng stateme	nt of
FIRST:	The name of the limited liability company is:  Odessa Realty Investments, LLC		
SECON	D: The Florida Document Number of the limited liability company is:		
THIRD	The street address of the limited liability company's principal office is: 1015 Atlantic Blvd., #335		
	Atlantic Beach, FL 32233		
	The mailing address of the limited liability company's principal office is: 1015 Atlantic Blvd., #335		
	Atlantic Beach, FL 32233		
	of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following:  1. May execute an instrument transferring real property held in the name of the company  a. Granted to:  Peter Tsu		ific
	b. No authority granted to:	(* TO	
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa	ـــي نن	×.
	b. No authority granted to:		
-	Dan Pryor		
Signatur	of authorized representative  Typed or printed name of Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)	signature	_