

AFFIDAVIT OF MEMBERS, MANAGING MEMBERS, AND MANAGERS OF THE <u>NON-FLORIDA</u> LIMITED LIABILITY COMPANY

On behalf of , LLC, a Limited Liability Company (LLC) under the laws of a State other than Florida, the Manager, Managing Member, or Member signing this Affidavit below hereby swears or affirms that the following "Persons" or parties as defined in the laws of such State constitute all of the Members, Managing Members, Managers, or individuals or entities who (1) have an ownership or equitable interest in the LLC, (2) have the right to manage the affairs of such LLC, (3) have the authority to bind the LLC in any manner or on any level, or (iv) are listed in a Statement of Authority or other document in a different name but filed under laws of the foreign State to confirm the Persons or parties that are authorized to act on behalf of the LLC:

Full name	<u>Title(s)</u>

If more space is needed, place such information on a separate page marked Exhibit X.

The party signing this Affidavit further swears or affirms that:

- 1. The foregoing Persons or entities set forth above and on Exhibit X, if attached, constitute and are all of the LLC's Members, Managing Members, and Managers, as those terms are defined under the laws of the foreign State;
- 2. There are no Members, Managing Members or Managers of the LLC other than the Persons or entities set forth above and on Exhibit X, if applicable; and

3. There are no provisions in the LLC's Articles of Organization, the Operating Agreement, the Statement of Authority, or any other document that fulfills the function of such stated documents, which prohibit, restrict or limit in any way or in any manner the execution of this Affidavit by the party signing below or the instrument or document by the party signing such instrument or document, for which this Affidavit is submitted.

All of the provisions of this Affidavit shall be construed in accordance with the laws of the State of Florida and not the laws of the foreign State.

Signature	Title(s)		
Sworn to and subscribed before me this	_ day of	, 20	
by	(print name legibly), who		
is personally known to me or who has produced of identification).		(type	
	(Signatu	ure of Notary Public)	
(Print, typ	be or stamp nam	e of Notary Public)	