**LIMITED LIABILITY COMPANY CONSENT**

 We, the undersigned, constituting all of the Managers of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, LLC., a Florida Limited Liability Company (hereinafter referred to as the “Company”) hereby authorize, adopt, consent and confirm the following action:

 WHEREAS, the Company is selling certain real property described as follows:

 (hereinafter referred to as the “Real Property”), and

 WHEREAS, the Articles of Organization provide that the Company shall be Manager- Managed;

 NOW, THEREFORE, be it

FURTHER RESOLVED that and in accordance with the provisions of the Articles of Organization , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being all of the Managers of the Company, hereby direct, appoint and authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to execute any and all documents on behalf of the Company to effectuate the sale and conveyance of the Real Property to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, including, without limitation, the execution of such deeds, affidavits, closing statements and other documents as may be required.

Signed by all Managers of the Company on this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐

Online notarization, this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

as the Managers of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a \_\_\_\_\_\_\_\_\_\_\_\_ limited liability company

who are personally known to me or who produced the following identification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public, State of Florida
Name:
My Commission Expires:
My Commission Number is: