



**AFFIDAVIT OF MEMBERS, MANAGING MEMBERS,
AND MANAGERS OF FLORIDA LIMITED LIABILITY COMPANY**

On behalf of _____, LLC,
a Florida Limited Liability Company (LLC) under Florida law, the Manager, Managing
Member, or Member signing this Affidavit below hereby swears or affirms that the following
"Persons" as defined in Section 605.0102(48), Florida Statutes, 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 (4) are listed
in a Statement of Authority filed under Section 605.0302, Florida Statutes as having authority
to act on behalf of the LLC:

Full name

Title(s)

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 in Section 605.0102, Florida Statutes 2014, as same may be amended from time to time;
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 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.

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 _____ (type
of identification).

_____(Signature of Notary Public)

_____ (Print, type or stamp name of Notary Public)