

# ***BVR MANAGEMENT LLC***

## **LIMITED POWER OF ATTORNEY**

Property Address: \_\_\_\_\_

TO ALL PERSONS; be it known that I/ We \_\_\_\_\_

As grantor (s) do hereby make and grant a limited specific power of attorney to **BVR Management LLC**, a Florida Limited Liability company whose business address is 1172 Marcello Blvd, Kissimmee FL 34746 and appoint and constitute the said company and / or officers; Chitra Razack and Jane Belliveau and Gus Betancourt and assigns of the company as my attorney-in-fact. My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf in reference to property located at above mentioned address to the same extent as if I had done so personally, all with full power of substitution and revocation in the presence.

1. **To set up new accounts or render deposits for telephone, electric, gas, utility such as necessary on behalf of owner.**
2. **To, on my behalf, secure licenses necessary for renting my property.**
3. **To, on my behalf, secure Registration with the FL Dept. of Revenue and with the local County for Tourist Development Tax and Local Business Tax.**
4. **To, on my behalf, entering into a management agreement whereas renting to third parties.**

I, \_\_\_\_\_ hereby authorize **BVR Management LLC** to act as my agent to rent, or grant license to others to use my described property and to register to charge, collect, and remit sales & tourist tax levied by the State of Florida and the County Tax Collector. I acknowledge that by renting, or offering a license to others to use any transient accommodations, I am exercising a taxable privilege and as such acknowledge that I am ultimately liable for any Sales Tax or Tourist Tax due on such rentals. I fully understand that if the State or County is unable to collect any taxes, penalties and interest due from the rental or license to use my property, a warrant for such uncollected amount will be issued and become a lien against my property until satisfied.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and

perform in said fiduciary capacity consistent with my best interest as it or its agents in their respective discretion deems advisable, and I thereupon ratify all acts carried out. I agree to reimburse my attorney-in-fact all reasonable costs and expenses incurred in the fulfillment of the duties and responsibilities enumerated herein.

This power of attorney shall constitute in full force and effect until revoked by subsequent writing.

Signature.....Date..... Grantor (Print Name).....

Signature..... Date..... Grantor (Print Name).....

Signature.....Date..... Attorney-in-fact (Print Name).....

Signature.....Date..... Attorney-in-fact (Print Name).....

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
by \_\_\_\_\_ Grantor(s), who has(have) produced \_\_\_\_\_  
as identification and by **Chitra Razack, Jane Belliveau, Gustavo Betancourt** from BVR  
Management LLC, who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public, State of Florida