

L02000004286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

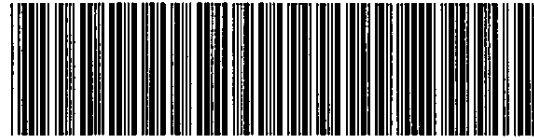
(Business Entity Name)

(Document Number)

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SEP 26 2016  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Eau Gallie Energy, L.L.C.

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey S. Wood, Esq.

\_\_\_\_\_  
Name of Person

May, Meacham & Davell, PA

\_\_\_\_\_  
Firm/Company

One Financial Plaza, Suite 2602

\_\_\_\_\_  
Address

Fort Lauderdale, Florida 33394

\_\_\_\_\_  
City/State and Zip Code

jwood@mmdpa.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey S. Wood

\_\_\_\_\_  
Name of Person

954

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

763 6006

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

**STATEMENT OF AUTHORITY**

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

**FIRST:** The name of the limited liability company is: Eau Gallie Energy, L.L.C.

**SECOND:** The Florida Document Number of the limited liability company is: L02000004286

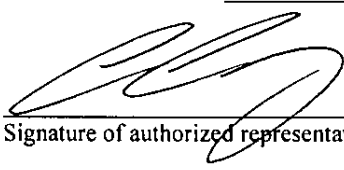
**THIRD:** The street address of the limited liability company's principal office is:  
1093 Shotgun Road  
Sunrise, Florida 33326

The mailing address of the limited liability company's principal office is:  
1903 Shotgun Road  
Sunrise, Florida 33326

**FOURTH:** This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

- 1. May execute an instrument transferring real property held in the name of the company.
  - a. Granted to: Clemente E. Cruz
  - b. No authority granted to: \_\_\_\_\_
- 2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
  - a. Granted to: Clemente E. Cruz
  - b. No authority granted to: \_\_\_\_\_

16 SEP 23 PM 2:27  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

  
Signature of authorized representative

Clemente E. Cruz  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)