L0200004286

(Re	equestor's Name)		
(Ad	ddress)		
(Ad	ddress)		
(Ci	ity/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL.	
(Be	usiness Entity Nai	me)	
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			





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A CONTRACTOR OF STATE

SEP 20 2016 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations		
Eau Gallie Energy, L.L.C.		
	mited Liability Comp	any
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	atter 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 annu	ual report notification))
For further information concerning this matter, plea	se call:	
Jeffrey S. Wood	954 at ()	763 6006
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registration of P.O. Box (of Corporations

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

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:	n (ii) Y koi
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:	
Signature of authorized representative Filing Fee: \$25.00 Clemente E. Cruz Typed or printed name of signature	

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)