

L11000139258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

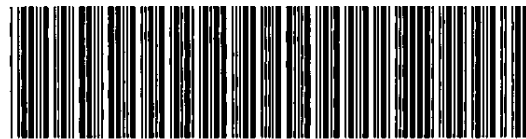
(Business Entity Name)

(Document Number)

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2017 APR 25 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

APR 27 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BLUE DOLPHIN PROPERTY ADVISORS LLC

\_\_\_\_\_  
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:

BRYANT C BOYD

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

BLUE DOLPHIN PROPERTY ADVISORS LLC

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

28 HARTFORD AVENUE

\_\_\_\_\_  
Address

MADISON CT 06443

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

BRYANTBOYD@NKNET.COM

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

For further information concerning this matter, please call:

BRYANT C BOYD at ( 203 ) 435-4662

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

\_\_\_\_\_  
Area Code

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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327

2661 Executive Center Circle  
Tallahassee, Florida 32301

Tallahassee, Florida 32314

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E138 (2/14)

### 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: BLUE DOLPHIN PROPERTY ADVISORS LLC

**SECOND:** The Florida Document Number of the limited liability company is: #L11000139258  
~~L10000126461~~

**THIRD:** The street address of the limited liability company's principal office is:

28 HARTFORD AVENUE

MADISON CT 06443

The mailing address of the limited liability company's principal office is:

28 HARTFORD AVENUE

MADISON CT 06443

**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:

I. May execute an instrument transferring real property held in the name of the company.

a. Granted to: BRYANT C BOYD


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: BRYANT C BOYD

b. No authority granted to: \_\_\_\_\_

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2011 APR 25 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
Signature of authorized representative  
4/20/11

BRYANT C BOYD

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)