

L17000156575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600303404876

09/15/17--01012--014 \*\*25.00

DEPT. OF STATE  
EAST ASIAN & PACIFIC  
AFFAIRS SECTION

2017 SEP 15 PM 2:03

FILED

K. SALY  
SEP 18 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Malibu Gardens 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:

Sally B. Fox

Name of Person

Emmanuel, Sheppard and Condon, P.A.

Firm/Company

30 S. Spring Street

Address

Pensacola, Florida 32502

City/State and Zip Code

sfox@esclaw.com

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

For further information concerning this matter, please call:

Sally B. Fox

at ( 850 ) 433-6581

Name of Person

Area Code

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: Malibu Gardens LLC

**SECOND:** The Florida Document Number of the limited liability company is: L17000156575

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

10393 San Diego Mission Road

Suite 110

San Diego, CA 92108

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

P.O.Box 683

Jamul, CA 91935

FILED  
2011 SEP 15 PM 2:03  
CLERK OF CIRCUIT  
JUDGE, FLORIDA

**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: Robert Stack

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: Robert Stack

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

  
Signature of authorized representative

Robert Stack  
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

\$ 55.00