## 102000002699

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



500259942405

05/09/14--01009--016 \*\*155.00

SECRETARY OF STATE

MAY 1 6 2014

T. BROWN

## **COVER LETTER**

**№ ТО:** 

Registration Section

Division of Corporations
SUBJECT: Banana River LLC  Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Steven M Anderson  Name of Person
Banana River LLC Firm/Company
732 Plantation Drive Address
Titusville, Fl 32870 City/State and Zip Code
nole246@aol.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Steven M Anderson at ( 321 ) 626-8642
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee  \$\overline{\sigma}\$
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## STATEMENT OF AUTHORITY

authority:	on 605.0302(1), Florida Statutes, this limited liability	
FIRST: The nar	ne of the limited liability company is: Banana Ri	iver, L.L.C.
SECOND: The	Florida Document Number of the limited liability co	ompany is: L02000002699
THIRD: The str	reet address of the limited liability company's princip Plantation Drive	pal office is:
Titus	ville, FI 32780	TALLA TALLA
	nailing address of the limited liability company's prir	ST. O
Titus	ville, FI 32780	3: 07
position of a person on the fol	ay execute an instrument transferring real property he	manager, officer or otherwise or to a specific eld in the name of the company.
	b. No authority granted to:	
2. M	ay enter into other transactions on behalf of, or other a. Granted to:	•
	b. No authority granted to:	· · · · · · · · · · · · · · · · · · ·
Stown M.	ada mm	Steven M Anderson
Signature of auti	horized representative Filing Fee: \$25.00 Certified Copy: \$30.00	Typed or printed name of signature

CR2E138 (2/14)