

L020000009644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Certificates of Status _____

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A. LUNT

JAN 29 2010

EXAMINER

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2010 JAN 28 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rekat Holdings LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Christopher Staker

(Contact Person)

(Firm/Company)

704 E. Fort King St.

(Address)

Ocala, FL 34471

(City/State and Zip Code)

For further information concerning this matter, please call:

Andy Staker

(Name of Contact Person)

at (772) 370-6956

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee &

Certified Copy

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Rekat Holdings LLC

2. This limited liability company was organized under the laws of:
St. Lucie Co. Florida

3. The Florida document/registration number of this limited liability company is:
L02000009644

4. I, Christine Williams, hereby resign as a MGRM
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

for CHRISTINE WILLIAMS

Signature of Resigning Member, Managing Member or Manager

SEE ENCLOSED POWER OF ATTORNEY

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

2010 JAN 28 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Return to:
Kevin Hendrickson, Esq.
Courthouse Box 40

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, CHRISTINE WILLIAMS of St. Lucie County, Florida being of sound and disposing mind, memory and body, hereby revoke any general power of attorney that I may have heretofore given to any person, and by these Present do constitute, make and appoint CHRISTOPHER ANDREW STAKER of St. Lucie County, my true and lawful attorney in fact to manage my affairs, for me and in my name, place and stead, and for my use and benefit.

This Durable Power of Attorney shall not be affected by any physical or mental disability or any disability that I may suffer as the principal except as provided by Statute, and shall be exercisable from this date. All acts done by my attorney pursuant to this power shall bind me, my heirs, devisees and personal representatives. This Power of Attorney is non-delegable. It is my specific intent that the power conferred on my attorney-in-fact will be exercisable from the date of this instrument, notwithstanding my later disability or incapacity, except as provided by statute.

All of my property and interests in property are subject to this Durable Power of Attorney.

Without limiting the broad powers conferred by the preceding provisions, I authorize my attorney-in-fact to:

A. Collect, receive and receipt for any and all sums of money or payments due or to become due to me.

B. Sue in my name and behalf for the recovery of any and all sums of money or payments due or to become due to me and

JoAnne Holman, Clerk of the Circuit Court - St. Lucie County
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Recorded: 06-15-93 03:05 P.M.

to collect on any judgments recovered by me and execute satisfactions of the same.

C. Initiate, defend, continue, or settle suits on my behalf or to enforce the exercise of these powers granted to my attorney-in-fact.

D. Hire or discharge (with or without cause) employees including, but not limited to, physicians, nurses, attorneys, and domestics.

E. Deposit to or withdraw from, or draw checks or drafts upon, any and all savings or checking accounts, money market funds or any other type of account in my name; open any new such accounts in my name in any bank or financial institution or with any insurance or brokerage firm; and endorse my name to any and all negotiable instruments.

F. Pay any and all bills, accounts, claims, and demands now or hereafter payable by me.

G. Receive and endorse for deposit in any account any payments that I receive from any branch or department of the United States or other government, including without limitation, Social Security payments, Veteran's Administration payments or grants, Medicare or Medicaid payments, and tax refunds.

H. To represent me before any office of the Internal Revenue Service or any state agency; prepare and sign any tax return on my behalf; receive confidential information regarding tax matters (SSN SOCSECNO) for all periods, whether before or after the execution of this instrument; and to make any tax elections on my behalf.

I. Borrow money and to otherwise incur or guarantee indebtedness for which I will be liable, and to secure any such indebtedness by mortgage or other security interests encumbering my assets.

J. Act for me in any business or enterprise in which I am now or have been engaged or interested or with respect to any trust in which I have a beneficial interest.

K. Manage all assets and properties belonging to me or in which I have any interest, and to expend whatever funds my attorney-in-fact deems proper for the preservation, maintenance, or improvement of those assets or properties.

L. Compromise, arbitrate, or otherwise adjust claims in favor of or against me or any assets or entity in which I have an interest, and to agree to any rescission or modification of any contract or agreement.

M. Participate in any type of liquidation or reorganization of any enterprise.

N. Join with other persons with whom I own property as joint tenants with right of survivorship in any transaction regarding that property.

O. Vote and exercise all rights and options, or empower another to vote and exercise those rights and options, concerning any corporate stock, securities, or other assets; to enter into or approve agreements for merger, reorganization or equivalent transactions with respect to any company or enterprise; to delegate those rights to an agent; and to enter into voting trusts and other agreements or subscriptions.

P. Exercise all rights and options, or empower another to exercise those rights and options, concerning sole proprietorships, general or limited partnerships, joint ventures, business trusts, land trusts, limited liability companies, and other domestic and foreign forms of organizations.

Q. Buy, sell, exchange, lease, convey, and grant options with respect to any real or personal property, and to negotiate for and to enter into contracts and agreements of every nature, concerning real or personal property, including homestead or exempt property. Any such contract, agreement, or lease will be valid and binding for its full term even if it extends beyond my lifetime or the duration of this power of attorney.

R. To exercise all powers even though my attorney-in-fact may also be acting individually or on behalf of any other person or entity interest in the same matters.

S. Transact all business, make, execute and acknowledge all contracts, orders, deeds, bills of sale, assurances, promissory notes, mortgages and other instruments of any nature which may be requisite or proper to effectuate any matter or things pertaining to or belonging to me.

T. Make irrevocable gifts for estate planning purposes, including gifts to my attorney-in-fact; change the beneficiaries of any life insurance policies or other qualified or nonqualified benefit plans; create revocable or irrevocable trusts for the benefit of myself or of other persons; and consent to the creation or extension of trusts established by other persons for my benefit.

U. Buy U.S. Treasury Bonds redeemable at par in payment of estate taxes, and to purchase, sell, or redeem U.S. Savings Bonds.

V. Employ and compensate any investment management service, financial institution, or similar organization to advise my attorney-in-fact and to handle all investments and to render all accountings of funds held on my behalf under custodial, agency, or other agreements.

W. Enter into any safe deposit box for which I am a lessee and add or remove items; deal with and remove any funds or proceeds from any qualified or unqualified retirement plans including IRA, pension and profit sharing plans as well as any deferred compensation plans.

X. Disclaim any property interest that I would otherwise receive.

Y. Demand, obtain, review, and release to others medical records or other documents protected by the patient-physician privilege, attorney-client privilege or any similar privilege.

Z. Execute all forms and documents or file or process claims for any medical bills with all insurance companies through which I have coverage, including but not limited to Medicare and Medicaid and VA and to receive from Blue Cross/Blue Shield or any other insurer information obtained in the adjudication of any claim in regard to services furnished to me under Title 18 of the Social Security Act.

AA. Nominate on my behalf a person (including my attorney-in-fact) or entity to be appointed by a court of appropriate jurisdiction as guardian on my person or property, or both, or as custodian for my property during the pendency of any proceedings to determine my competency.

BB. Invest in assets, securities, or interests in securities of any nature, including (without limit) commodities, options, futures, precious metals, currencies, and in domestic and foreign markets or investment funds, including common trust funds; to trade on credit or margin accounts (whether secured or unsecured); and to pledge assets for that purpose.

CC. Arrange for an consent to medical, therapeutical, and surgical procedures, including the administration of drugs and act as my health care surrogate pursuant to Chapter 641 of the Florida Statutes, as amended.

DD. Alienation, conveyance, transfer, devise of Homestead property.

EE. Create revocable or irrevocable trusts for the benefit of myself or of other persons and fund such trusts to coordinate estate planning with a pour over will.

FF. Join in the filing of federal income tax returns, intangible tax returns, estate tax returns, gift tax returns and joint tax returns; settle or compromise tax disputes with the IRS or local, state or governmental agency; make any election or allocation permitted by any tax law, including filing joint returns, consenting to have gift splitting with donor's spouse, and allocating the unused generation-skipping transfer tax

exemption.

I further authorize my attorney-in-fact to take all other actions as may be necessary or appropriate for my personal well-being and the management of my affairs, as fully and as effectively as if made or done by me personally.

The powers conferred upon my attorney-in-fact extend to all of my right, title and interest in property in which I may have an interest jointly with any other person, whether in an estate by the entirety, joint tenancy or tenancy in common.

This instrument is executed by me in the State of Florida, but it is my intention that this Power of Attorney shall be exercisable in any other State or jurisdiction where I may have any property or interest in property.

I hereby confirm all acts of my attorney-in-fact pursuant to this power. Any act that is done under this power between the revocation of this instrument and notice of that revocation to my attorney shall be valid unless the person claiming the benefit of the act has notice of that revocation.

It is hereby declared that everything my attorney shall do or cause to be done under the provisions hereof after revocation of this power of attorney, shall be valid and effectual in favor of any person or entity claiming the benefit hereof who relied upon this instrument and had no knowledge or notice such revocation. Additionally, it is hereby declared that no revocation, termination or suspension of this power of attorney shall occur without actual notice thereof to my attorney; and, as to acts undertaken by any person in reliance

upon this power, an affidavit executed by my attorney and given to such persons stating that the attorney, at the time of the exercise of this power, has not received actual notice of its revocation, termination or suspension, shall be conclusive proof as to such person that this power is not revoked, terminated or suspended at any time. Finally, it is hereby declared that if this power of attorney has been made a matter of public record, any revocation, termination or suspension of this power shall be ineffective unless documentation of same is also recorded in the public records of the county or counties where this power has been recorded.

I wish it to be known that it is my expressed desire and intent that if my physical or mental condition deteriorates to a point where use of the Durable Power of Attorney is necessary, then the Power of Attorney executed in favor of CHRISTOPHER ANDREW STAKER, shall be used on my behalf.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 11th day of June, 1993.

Christine Williams
Christine Williams

DONE

Signed, sealed and delivered in the presence of:

Sharon T. Mosher
WITNESS

Kari L. Loh
WITNESS

The undersigned attest that CHRISTINE WILLIAMS, the person who signed and acknowledged this Durable Power of Attorney document, is personally known to us, and that she signed and acknowledged this Durable Power of Attorney in our presence and that we executed this document in the presence of each other, and that CHRISTINE WILLIAMS appeared to be of sound mind and under no duress, fraud, or undue influence. The undersigned are not related to CHRISTINE WILLIAMS by blood or marriage and are not heirs of her estate nor are we responsible for paying her health care costs.

Sharon K. Moser, of St. Pierce, Florida

Karl L. Moser, of St. Pierce, Florida

The foregoing instrument was acknowledged, SWORN TO AND SUBSCRIBED before me this 11th day of June, 1993, by CHRISTINE WILLIAMS, personally known to me or has shown _____ as identification and who did/did not take an oath.

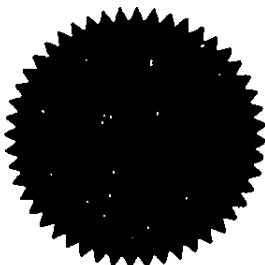
Charlene Moses
Signed Notary Public

Charlene Moses
Printed Notary Public Name
State of Florida
My Commission Expires:
Commission Number:

NOTARY PUBLIC, STATE OF FLORIDA
MY COMMISSION EXPIRES: Jan. 14, 1995
BONDED THRU NOTARY PUBLIC LIABILITY INSURANCE

KEVIN H. HENDRICKSON
210 ORANGE AVENUE, FORT PIERCE, FLORIDA 34950
(407) 481-0568 or (407) 481-0477

OR BOOK CB45 PAGE 1484



STATE OF FLORIDA
ST. LUCIE COUNTY

THIS IS TO CERTIFY THAT THIS IS A
TRUE AND CORRECT COPY OF THE
ORIGINAL



Charlene Moses
Notary Public
Date: June 11, 1993