



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Big Pond Sarasota Properties, 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:

Trevor D. Quinlan

Name of Person

GREENE HAMRICK QUINLAN & SCHERMER P.A.

Firm/Company

601 12th Street West

Address

Bradenton, Florida 34205

City/State and Zip Code

tquinlan@manateelegal.com

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

For further information concerning this matter, please call:

Trevor D. Quinlan

Name of Person

at ( 941 )

Area Code

747-1871

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: Big Pond Sarasota Properties, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L03000014339

**THIRD:** The street address of the limited liability company's principal office is:  
1410 Ridge Road, North Haven, CT 06473

The mailing address of the limited liability company's principal office is:  
1410 Ridge Road, North Haven, CT 06473

FILED  
2016 OCT 11 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, 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.

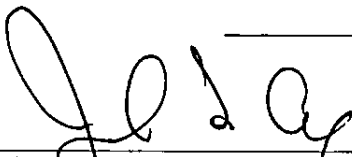
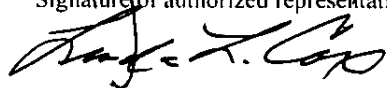
a. Granted to: John T. Cox, as member

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: John T. Cox, as member

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

  
\_\_\_\_\_  
Signature of authorized representative  


Linda Cox and John T. Cox, sole members

Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)