

2070000 29587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 6825 SILVER STAR ROAD, L.L.C.  
\_\_\_\_\_  
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:

**CHRISTOPHER C. CATHCART**

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

**OSSINSKY & CATHCART, P.A.**

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

**2699 Lee Road, Suite 101**

\_\_\_\_\_  
Address

**Winter Park, FL 32789**

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

**joann@ossinskycathcart.com**

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

For further information concerning this matter, please call:

**Chris Cathcart**

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

at ( **407** ) **629-2484 x 125**  
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: 6825 SILVER STAR ROAD, L.L.C.

SECOND: The Florida Document Number of the limited liability company is: L03000029587

THIRD: The street address of the limited liability company's principal office is:  
2699 Lee Road, Suite 101  
Winter Park, FL 32789

The mailing address of the limited liability company's principal office is:  
2699 Lee Road, Suite 101  
Winter Park, FL 32789

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 specified person on the following:

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

a. Granted to: LESTER J. KNISPEL, as Manager

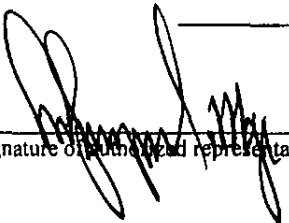
b. No authority granted to: \_\_\_\_\_

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: LESTER J. KNISPEL, as Manager

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

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TALLAHASSEE, FLORIDA

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

LESTER J. KNISPEL  
\_\_\_\_\_  
Typed or printed name of signature

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