## L050000 69669

Office Use Only



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SECREMENT DISTANCE.

JUN 21 2015 BRUCE

## **COVER LETTER**

		hone Number	
Bonni	e A. Brown 772 221-9024	<b>\$</b> —	
or furth	er information concerning this matter, please call:		
	E-mail address: (to be used for future annual report notification)		
	City/State and Zip Code	JUN 20 DE BARY AHASSEI	
Stuart	, FL 34994	2018 SECTALL	
	Address		
514 C	olorado Avenue		
	Firm/Company		
aw C	offices of Bonnie A. Brown		
	Name of Person		
3onni	e A. Brown, Esquire		
10050 10			
	turn all correspondence concerning this matter to the following:		
he enci	osed Statement of Authority and fee(s) are submitted for filing.		
ear Sir	or Madam:		
UBJEC	Name of Limited Liability Company		
	SAVE-A-BUCK STORAGE, LLC		
Ю:	Division of Corporations		

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 sul authority:	bmits the following statement of
FIRST: The name of the limited liability company is: SAVE-A-BUCK STO	RAGE, LLC
SECOND: The Florida Document Number of the limited liability company is: LC	5000069669
THIRD: The street address of the limited liability company's principal office is: 3739 SE Robertson Road	
Stuart, FL 34997	
The mailing address of the limited liability company's principal office is 3739 SE Robertson Road	s:
Stuart, FL 34997	
FOURTH: This statement of authority grants or sets limitations of authority on al position of a person in a company, whether as a member, transferee, manager, offic person on the following:  1. May execute an instrument transferring real property held in the name	cer or otherwise or to a specific
a. Granted to: Richard Schall	2016 JU Secre
b. No authority granted to:	N 20 A
May enter into other transactions on behalf of, or otherwise act for o     a. Granted to:	r bind, the company.
b. No authority granted to:	
Richard	
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	r printed name of signature