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(Requestor's Name) (Address) (Address)	800281519938			
(City/State/Zip/Phone #)	02/01/1601015008 **25.00			
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	<b>FILED</b> 2016 FEB - I P 4: 15 SECRETARY OF STATE TAULAHASSEE: FLORIDA			
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# Stephen MacIsaac, P.A.

Attorney and Counselor at Law

Stephen MacIsaac

Via U.S. Mail

January 28, 2016

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

### Re: STATEMENT of AUTHORITY --BLB Restaurants LLC

Dear Sir or Madam:

Please find enclosed for filing a STATEMENT OF AUTHORITY with respect to BLB Restaurants LLC (L05000085206), along with the required filing fee.

Thank you in advance for your attention to this matter, and please call me if you have any questions.  $\overrightarrow{P}_{co} \simeq$ 

Best regards,

Steve Mad

Attorney for BLB Restaurants LLC



### COVER LETTER

TO: Registration Section Division of Corporations

## SUBJECT: \_\_\_\_\_

Name of Limited Liability Company

Dear Sir or Madam:

۶.

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen MacIsaac

Name of Person

Stephen MacIsaac PA

Firm/Company

2525 Park City Way

Address

Tampa, FL 33609

City/State and Zip Code			ALL	2016	
MichaelBrody1@yahoo.com			LAHA	FEB	
E-mail address: (to be used for future annual	l report notificat	tion)	TARY ASSE	<u>'</u>	1
For further information concerning this matter, please	call:		E E E	σ	
Stephen MacIsaac	813	877-8125	LOAN	÷	0
Name of Person	Area Cod	e Daytime Tele	phon <b>o</b> Nun	ber 1	

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

### MAILING ADDRESS:

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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E138 (2/14)

#### 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: BLB Restaurants LLC

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

THIRD: The street address of the limited liability company's principal office is:

2901.5 James L Redan Parkway

Plant City, FL 33566

The mailing address of the limited liability company's principal office is: 2901.5 James L Redman Parkway

Plant City, FL 33566

**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: \_\_\_\_\_\_ Michael Brody, Robert Blalock

Ъ.	No authority granted to:	ALLAH	2016 FEI
May ei a.	iter into other transactions on behalf of, or otherwise act for or bind Granted to : Michael Brody, Robert Blalock	ASSER FLORID	
	No authority granted to:		_•·

Michael Brody

Michael Brody

Signature of authorized representative

Typed or printed name of signature Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)