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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: Coral Reef Rentals, LLC, a Florida limited liability company

SECOND: The Florida Document Number of the limited liability company is: 204841139

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

2427 SE Dixie Highway

Stuart, Florida 34996

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

2427 SE Dixie Highway

Stuart, Florida 34996

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		5 AF	
a. Granted to:	H-CS	N 2(i re s trait
		PH	
b. No authority granted to:		1:2	ا میں در وہو م ^{رکب}

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

a. Granted to : Thomas Martland

b. No authority granted to: _____

ignature of authorized representative

Thomas Martland

Typed or printed name of signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

CR2E138 (2/14)

COVER LETTER

TO: Registration Section Division of Corporations

Ξ.

SUBJECT: Coral Reef Rentals, LLC, a Florida limited liability company

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:

Alyssa DeBell

Name of Person

Law Office of Bonnie A. Brown

Firm/Company

514 Colorado Avenue

Address

Stuart, Florida 34994

City/State and Zip Code

tcm@flagshipmarine.com			>S L	 57	·
E-mail address: (to be used for future annual report notification)				APR	
For further information concerning this matter, p	blease call:		AWAL BSSW	۲ 20	Sources Automatics Automatics
Thomas Martland	772 at (486-1920		РМ	
Name of Person	Area Code	Daytime Teleph	one Number	1:22	

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

CR2E138 (2/14)

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