

UD7000041321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

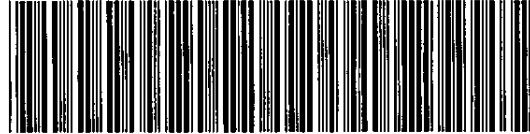
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 21 2015

J. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Elite Cottages, 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:

Kathy Schubel

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

Elite Cottages, LLC

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

P. O. Box 5489

\_\_\_\_\_  
Address

Salt Springs, FL 32134

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

kschubel@eliteresorts.com

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

For further information concerning this matter, please call:

Kathy Schubel

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

352

\_\_\_\_\_  
Area Code

685-1900 ext. 1006

\_\_\_\_\_  
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

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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: Elite Cottages, LLC

SECOND: The Florida Document Number of the limited liability company is: L07000049321

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

14100 N Highway 19, Ste. A

Salt Springs, FL 32134

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

P. O. Box 5489

Salt Springs, FL 32134

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: Eduard Mayer

Roseanne Mayer

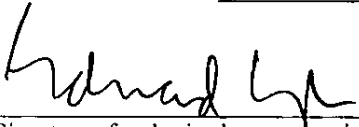
b. No authority granted to: Kathy Schubel

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

a. Granted to: Eduard Mayer

Roseanne Mayer

b. No authority granted to: Kathy Schubel

  
Signature of authorized representative

Managing Partner

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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