

L08000000020

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP    WAIT    MAIL

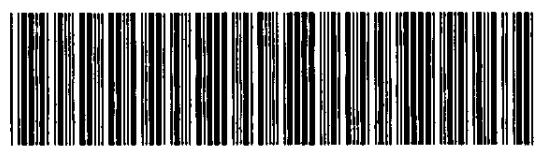
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
APR 15 —

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ~~SUNBURST GROVES, LLC~~ MONTE VISTA GROVES, 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:

**DENNIS L. HORTON**

Name of Person

**SUNBURST GROVES, LLC**

Firm/Company

**900 WEST HWY 50**

Address

**CLERMONT, FLORIDA 34711**

City/State and Zip Code

**DENNISHORTON@AOL.COM**

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

For further information concerning this matter, please call:

**DENNIS L. HORTON**

Name of Person

at ( **352** ) **394-4008**

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: MONTE VISTA GROVES, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L08000000020

**THIRD:** The street address of the limited liability company's principal office is:  
900 WEST HWY 50  
CLERMONT, FLORIDA 34711

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

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TALLAHASSEE COUNTY FLORIDA

**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:

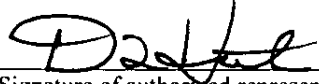
1. May execute an instrument transferring real property held in the name of the company.  
a. Granted to: DENNIS L. HORTON

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: DENNIS L. HORTON

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

  
Signature of authorized representative

DENNIS L. HORTON  
Typed or printed name of signature

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