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(Re	questor's Name)	
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COVER LETTER

TO:

Registration Section Division of Corporations

TAYLOR ROAD ONE 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:
MARTIN F. KLINGENBERG
Name of Person
TAYLOR ROAD ONE LLC
Firm/Company
1455 BLUE POINT AVENUE
Address
NAPLES, FL 34102
City/State and Zip Code
martin_20007@yahoo.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARTIN F. KLINGENBERG 239 4045-3546
Name of Person 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

authority:	nited liability company submits the following statement of
FIRST: The name of the limited liability company is:	AYLOR ROAD ONE LLC
SECOND: The Florida Document Number of the limite	d liability company is:
THIRD: The street address of the limited liability comp 1455 BLUE POINT AVENUE	
	-
The mailing address of the limited liability con	mpany's principal office is:
NAPLES, FL 34102	
person on the following: 1. May execute an instrument transferring rea a. Granted to: MARTIN F. KLIN	l property held in the name of the company. GENBERG
b. No authority granted to:	C19 PM
2. May enter into other transactions on behalt a. Granted to: MARTIN F. KLII	f of, or otherwise act for or bind, the company
b. No authority granted to:	
Signature of authorized representative Filing Fee:	MARTIN F. KLINGENBERG Typed or printed name of signature \$25.00 Copy: \$30.00 (optional)