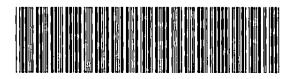
10 f0000 36964

(Requestor's Name)
. (Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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nec 2 n 2mg J. HARRIS

COVER LETTER

			G ADDRESS:
	Name of Person	Area Code	Daytime Telephone Number
MARTIN	F. KLINGENBERG	239	4045-3546
For further in	nformation concerning this matter, p	please call:	
E-n	nail address: (to be used for future a	innual report notification	n)
martin_20	0007@yahoo.com		
	City/State and Zip Code		
NAPLES,	FL 34102	·	
	Address		
1455 BLU	JE POINT AVENUE		
	Firm/Company		
TAYLOR	ROAD TWO LLC		
T1\(\(\) \(\) \(\)			
	Name of Person		
MADTINI	F. KLINGENBERG		
Please return	all correspondence concerning this	matter to the following	:
The enclosed	Statement of Authority and fee(s)	are submitted for filing.	
Dear Sir or N	Madam:		
	Name o	f Limited Liability Com	pany
SUBJECT:	TAYLOR ROAD TWO LLO		

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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 for authority:	ollowing statement of
FIRST: The name of the limited liability company is: TAYLOR ROAD TWO LLC	
SECOND: The Florida Document Number of the limited liability company is:	3964
THIRD: The street address of the limited liability company's principal office is: 1455 BLUE POINT AVENUE	
NAPLES, FL 34102	
The mailing address of the limited liability company's principal office is: 1455 BLUE POINT AVENUE	
NAPLES , FL 34102	
FOURTH: This statement of authority grants or sets limitations of authority on all persons h position of a person in a company, whether as a member, transferee, manager, officer or other person on the following: 1. May execute an instrument transferring real property held in the name of the con-	wise or to a specific
a. Granted to: MARTIN F. KLINGENBERG	
b. No authority granted to:	••
May enter into other transactions on behalf of, or otherwise act for or bind, the a. Granted to: MARTIN F. KLINGENBERG	company.
b. No authority granted to:	
MARTIN F. KLIN	NGENBERG
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (entional)	ime of signature