

L68000008763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

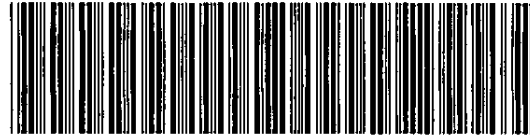
(Business Entity Name)

(Document Number)

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14 MAY 19 PM 1:32  
SECONDARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAY 27 2014

# Timothy H. Kenney, P.A.

Attorney at Law  
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West Palm Beach, Florida 33407

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Lindsay K. Demmery, Esq.

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May 14, 2014

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

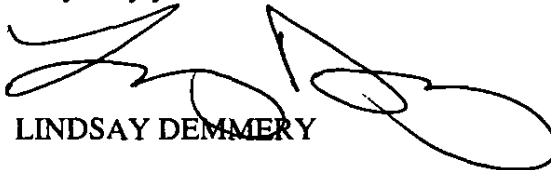
Re: BLRG, LLC.  
Doc ID: I08000108763

To Whom It May Concern:

Enclosed please find check #2687 in the amount of \$25.00 for filing the enclosed Statement of Authority for BLRG, LLC.

Enclosed also is a self-addressed stamped envelope, please return the stamped document to this office. Thank you.

Very truly yours,



LINDSAY DEMMERY

LD:ah  
Enc.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BLRG, 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:

**MICHAEL T. FACH**

Name of Person

Firm/Company

**2860 S. OCEAN BLVD. #317**

Address

**PALM BEACH, FLORIDA 33480**

City/State and Zip Code

**michaeltfach@gmail.com**

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

For further information concerning this matter, please call:

**TIMOTHY H. KENNEY, P.A.**

at (

**561**

**833-8773**

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: BLRG, LLC

SECOND: The Florida Document Number of the limited liability company is: 108000108763

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

2860 S. OCEAN BLVD. 317

PALM BEACH, FL 33480

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

PO BOX 3211

PALM BEACH, FL 33480

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: MICHAEL T. FACH, manager

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: MICHAEL T. FACH, manager

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

Michael T. Fach Mgr.  
Signature of authorized representative

MICHAEL T. FACH, manager  
Typed or printed name of signature

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

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14 MAY 19 PM 1:32  
TALLAHASSEE, FLORIDA