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## COVER LETTER

TO: Registration Section Division of Corporations		
R.B. Enterprises of Martin Co	ounty, LLC	
Name of Lin	nited Liability Com	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	tter to the following	:
Denise Benson		
Name of Person		
Law Office of Bonnie A. Brown		
Firm/Company		
514 ColoradoAve		
Address		
Stuart, Florida 34994		
City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
jorefenning@bellsouth.net		
E-mail address: (to be used for future annu	al report notification	1)
For further information concerning this matter, pleas	se call:	
Denise Benson	772 at (	221-9024
Name of Person	Area Code	221-9024 )  Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILIN Registrat Division P.O. Box	G ADDRESS: ion Section of Corporations

## STATEMENT OF AUTHORITY

authority	t to section 605.0302(1), Florida Statutes, this limited hability company submits the follows: y:		1
FIRST:	The name of the limited liability company is: R.B. Enterprises of Martin County	y, LLC	_
SECON	TD: The Florida Document Number of the limited liability company is: 27-2404495		
	: The street address of the limited liability company's principal office is: 3281 SE Slater Street		
	Stuart, Florida 34997		
	The mailing address of the limited liability company's principal office is:  11700 SW Tangerine Court		
	Palm City, Florida 34990		
position	TH: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following:  1. May execute an instrument transferring real property held in the name of the company a. Granted to:    Jack B. Refenning and/or Jo-Ellen B. Refenning	or to a specific	A 149 Changes
	b. No authority granted to:		
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the comp  a. Granted to:   Jack B. Refenning and/or Jo-Ellen B. Refenning	any.	
	b. No authority granted to:		
2	n-Ells Letus Jo-Ellen B. Refe	<u>inning</u> efennina	
Signatur	re of authorized representative Typed or printed name of Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)	f signature	)