



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CC Tax, 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:

**Kurt Carter**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

**13490 Old Livingston Road**

\_\_\_\_\_  
Address

**Naples, Florida 34109**

\_\_\_\_\_  
City/State and Zip Code

**ITG@ITGCAPITALGROUP.COM**

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

For further information concerning this matter, please call:

**Kurt Carter** at ( **239** ) **514-4484**  
\_\_\_\_\_  
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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 SEP 29 PM 12: 51

**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: CC Tax, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L10000057582

**THIRD:** The street address of the limited liability company's principal office is:  
13490 Old Livingston Road  
Naples, Florida 34109

The mailing address of the limited liability company's principal office is:  
13490 Old Livingston Road  
Naples, Florida 34109

**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: Blaine Barton

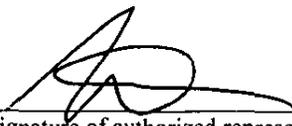
b. No authority granted to: \_\_\_\_\_

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Blaine Barton

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

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\_\_\_\_\_  
Signature of authorized representative

Lance Lester, Manager  
\_\_\_\_\_  
Typed or printed name of signature

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