

L11000062666

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : BRENNAN, MANNA AND DIAMOND, P.L.  
Account Number : I20050000098  
Phone : (239) 992-6578  
Fax Number : (239) 992-9328

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
KACAK, LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAY 20 AM 7:27

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KACAK, 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:

**DONNA M. FLAMMANG, ESQUIRE**

Name of Person

**BRENNAN, MANNA & DIAMOND, P.L.**

Firm/Company

**27200 RIVERVIEW CENTER BLVD., SUITE 310**

Address

**BONITA SPRINGS, FL 34134**

City/State and Zip Code

**dmflammang@bmdpl.com**

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

For further information concerning this matter, please call:

**Donna M. Flammang**

Name of Person

**239**

Area Code

**992-8578**

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

CR2E138 (2/14)

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## 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: KACAK, LLC

SECOND: The Florida Document Number of the limited liability company is: L11000062666

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

840 111th AVENUE NORTH

SUITE 9

NAPLES, FL 34108

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

P. O. BOX 112110

NAPLES, FL 34108

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: CHARLOTTE KENT

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: CHARLOTTE KENT

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

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15 MAY 20 AM 7:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
Signature of authorized representative

Donna M. Flammang

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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