

COVER LETTER

TO: Registration Section
Division of Corporations

2009 JUL 26 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: 1818 Cape Coral Pkwy, 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:

Gordon Duncan

Name of Person

Duncan & Associates, P.A.

Firm/Company

PO Box 249

Address

Fort Myers, FL 33902

City/State and Zip Code

~~Gordon@Duncanassociatesfl.com~~

RSHAFFNER@GMAIL.COM RS

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

For further information concerning this matter, please call:

Gordon Duncan

239

334-4574

at ()

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

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: 1818 Cape Coral Pkwy, LC

SECOND: The Florida Document Number of the limited liability company is: L11000069151

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

13650 Fiddlesticks Blvd

#202-387

Fort Myers, FL 33912

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

13650 Fiddlesticks Blvd

#202-387

Fort Myers, FL 33912

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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: Todd K. Kerrigan, Kristen M. Kerrigan,
Jean-Philippe Gosselin or Richard H. Shaffner

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: Todd K. Kerrigan, Kristen M Kerrigan,
or Richard H. Shaffner

b. No authority granted to: _____


Signature of authorized representative

Richard H. Shaffner
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)