

# L110000 69151

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

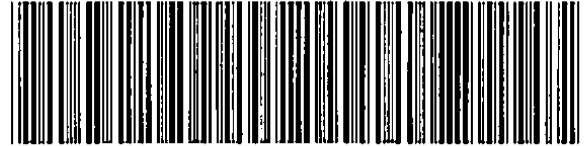
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 JUL 26 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

for filing fee

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 1818 Cape Coral Pkwy, LLC  
Name of Limited Liability Company

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

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@Duncanassociatesfla.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

Name of Person

at ( )

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

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

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

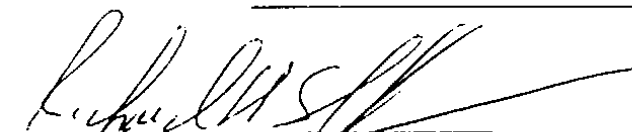
b. No authority granted to: \_\_\_\_\_

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)