

L11000 085120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

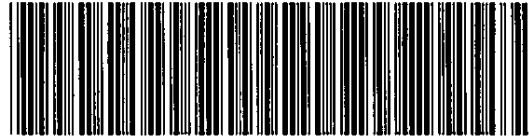
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUL 07 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TIBURON ASSET MANAGEMENT, 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:

THOMAS M. CLARK

Name of Person

THOMAS M. CLARK P.A.

Firm/Company

2400 E. COMMERCIAL BLVD. #820

Address

FORT LAUDERDALE, FL 33308

City/State and Zip Code

patrick@landsouth.net

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

For further information concerning this matter, please call:

Thomas M. Clark at ( 954 ) 776-3800  
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: Tiburon Asset Management, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L11000085120

**THIRD:** The street address of the limited liability company's principal office is:  
4722 Hwy 17 Bypass S. Myrtle Beach, SC 29588

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

P.O. Box 7040, Myrtle Beach, SC 29572

**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.

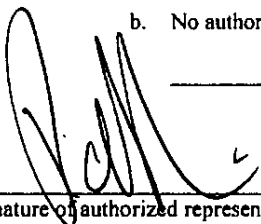
a. Granted to: Patrick Marino

b. No authority granted to: Thomas M. Clark

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

a. Granted to: Patrick Marino

b. No authority granted to: Thomas M. Clark

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

Patrick Marino

\_\_\_\_\_  
Typed or printed name of signature

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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