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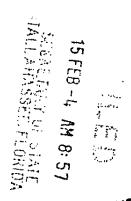
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 1819 Menorca Court, 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:		
Christopher A. Roche		
Name of Person		
Law Office of Christopher A. Roche		
Firm/Company		
229 N. Collier Boulevard		
Address		
Marco Island, FL 34145		
City/State and Zip Code		
croche@marcolawoffice.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Christopher A. Roche 239 389-0700		
Name of Person Area Code Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section		
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314		
Tallahassee, Florida 32301		

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability authority:	y company submits the following statement of
FIRST: The name of the limited liability company is:1819 _ Me	enorca Court, LLC
SECOND: The Florida Document Number of the limited liability co	ompany is: <u>L11000125021</u>
THIRD: The street address of the limited liability company's princip	pal office is:
1655 Ludlow Road	
Marco Island, FL 34145	
The mailing address of the limited liability company's prin	ncipal office is:
1655 Ludlow Road	· · ·
Marco Island, FL 34145	
oerson on the following: 1. May execute an instrument transferring real property he a. Granted to: Samy Shlomo Maman, Christopher A. Roche	
b. No authority granted to:	
2. May enter into other transactions on behalf of, or others	
o Com. Chlana Maman	· •
and Christopher A. Roche	<u>-</u>
b. No authority granted to:	
(Qauser	Samy Shlomo Maman
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00	

CR2E138 (2/14)