

**L11000135217**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

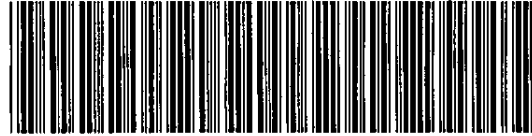
(Business Entity Name)

(Document Number)

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

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**2015 SEP -4 A 11:51**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**SEP 03 2015**  
**TRUCK**

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SARSEN STONE 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:

MARTIN F. KLINGENBERG

Name of Person

SARSEN STONE LLC

Firm/Company

1455 BLUE POINT AVENUE

Address

NAPLES, FL 34102

City/State and Zip Code

martin\_20007@yahoo.com

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

For further information concerning this matter, please call:

MARTIN F. KLINGENBERG at 239 404-3546  
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

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TALLAHASSEE, FLORIDA

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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: SARSEN STONE LLC

SECOND: The Florida Document Number of the limited liability company is: L11000135217

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

1455 BLUE POINT AVENUE

NAPLES, FL 34102

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

1455 BLUE POINT AVENUE

NAPLES, FL 34102

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.

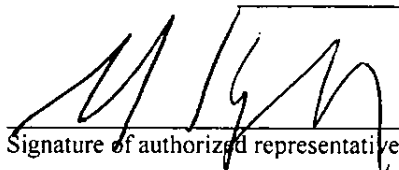
a. Granted to: MARTIN F. KLINGENBERG

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: MARTIN F. KLINGENBERG

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

  
Signature of authorized representative

MARTIN F. KLINGENBERG

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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