

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BRENNAN, MANNA AND DIAMOND, P.L.
Account Number : I20050000098
Phone : (239) 992-6578
Fax Number : (239) 992-9328

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: dmflammang@bmdpl.com

RECEIVED

14 MAY 21 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KYLE ENTERPRISES, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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FAX No.

P. 002

(H14000120332 3)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KYLE ENTERPRISES

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:

DONNA M. FLAMMANG, ESQUIRE

Name of Person

BRENNAN, MANNA & DIAMOND, P.L.

Firm/Company

3301 BONITA BEACH ROAD, SUITE 100

Address

BONITA SPRINGS, FL 34134

City/State and Zip Code

dmflammang@bmdpl.com

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

For further information concerning this matter, please call:

Donna M. flammang

239

992-6578

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

CR2E138 (2/14)

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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: KYLE ENTERPRISES, LLC

SECOND: The Florida Document Number of the limited liability company is: L12000050737

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

18 Longford Terrace

Monkstown, County Dublin

Ireland

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

18 Longford Terrace

Monkstown, County Dublin

Ireland

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: Claire Kyle

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: Claire Kyle

b. No authority granted to: _____

Signature of authorized representative

Handwritten signature
ATTORNEY FOR COMPANY

Donna M. Flammang, Esquire

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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