

L1200062888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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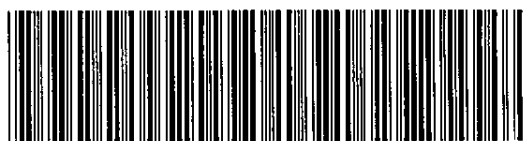
(Business Entity Name)

(Document Number)

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August 3, 2015

**VIA U.S. MAIL**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: Statement of Authority for Quail West Holdings, LLC, a Florida limited liability  
Company – Document # L12000062888

Gentlemen:

Enclosed for filing please find a *Statement of Authority* for the above-referenced limited liability company. Also enclosed is our firm's check number 26398 payable to the Florida Department of State in the amount of \$25.00 in payment of the filing fee.

Please contact me with any questions or comments.

Sincerely,

Amy Pescetto

Enclosures

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: QUAIL WEST HOLDINGS, LLC,  
A FLORIDA LIMITED LIABILITY COMPANY

**SECOND:** The Florida Document Number of the limited liability company is: L12000062888

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

2647 PROFESSIONAL CIRCLE

SUITE 1201

NAPLES, FLORIDA 34119

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

2647 PROFESSIONAL CIRCLE

SUITE 1201

NAPLES, FLORIDA 34119

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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.

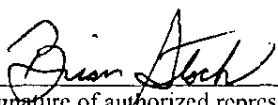
a. Granted to: BRIAN K. STOCK and/or CHAD KOCSES and/or BOB IMIG

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: BRIAN K. STOCK and/or CHAD KOCSES and/or BOB IMIG

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

  
Signature of authorized representative

BRIAN K. STOCK  
Typed or printed name of signature

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