

L13000122400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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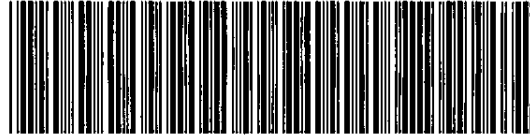
(Business Entity Name)

(Document Number)

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November 24, 2015

VIA OVERNIGHT DELIVERY

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


Re: Statement of Authority for SD Twin Eagles, LLC, a Florida limited liability
Company – Document # L13000122400

Gentlemen:

Enclosed for filing please find a *Statement of Authority* for the above-referenced limited liability company. Also enclosed is our firm's checks payable to the Florida Department of State totaling \$55.00 in payment of the filing fee and certified copy. Please return the certified copy of the *Statement of Authority* to our office in the enclosed postage-paid envelope.

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: SD TWIN EAGLES, LLC,
A FLORIDA LIMITED LIABILITY COMPANY

SECOND: The Florida Document Number of the limited liability company is: L13000122400

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

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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: _____

Brian Stock
Signature of authorized representative

BRIAN K. STOCK
Typed or printed name of signature

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