## 1/3000/30753

(Requestor's Name)
(Address)
(1.22.23)
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May 30, 2018

NOEL ANDRESS PO BOX 420 PINELAND, FL. 33945

SUBJECT: BLACKRIDGE CAPITAL INVESTMENTS, LLC

Ref. Number: L13000130753

We have received your document for BLACKRIDGE CAPITAL INVESTMENTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

Please return: your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 818A00011208

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## WIDEIKIS, BENEDICT & BERNTSSON, LLC

## THE BIG W LAW FIRM

ATTORNEYS AT LAW

JOHN L. WIDEIKIS ROBERT C. BENEDICT

ROBERT H. BERNTSSON

HEADQUARTERS
3195 S. ACCESS ROAD
ENGLEWOOD, FLORIDA 34224
PHONE:(941)627-1000
EMAIL: jessicad@bigWlaw.com
Or rebeccak@bigWlaw.com

BIG

NORTH PORT, FLORIDA PORT CHARLOTTE, FLORIDA BY APPOINTMENT ONLY

333 PARK AVENUE, UNIT 2A P.O. BOX 483 BOCA GRANDE, FLORIDA 33921 PHONE:(941)627-1000

May 24, 2018

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Blackridge Capital Investments, LLC

To Whom it May Concern:

9014 HR 25 [D D: 26

Enclosed please find our trust account check number 12585 in the amount of \$25.00 made payable to you for the in order to file the Statement of Authority for the above referenced company.

Please let me know if I can be of further assistance.

*'* / .

∫essica Dull or Rebecca Koehler

Real Estate Assistant

Enclosures 2018-50348JLW

## STATEMENT OF AUTHORITY

authority	t to section 605.0302(1). Florida Statutes, this limited liability company submits the followin y:	_
FIRST:	The name of the limited liability company is: Blackridge Capital Investments, LL	.C
SECON	D: The Florida Document Number of the limited liability company is:	
	: The street address of the limited liability company's principal office is: 7101 Capri Lane	
	Bokeelia, FL 33922	
	The mailing address of the limited liability company's principal office is: P.O. Box 420	
	Pineland, FL 33945	
position	<ul> <li>This statement of authority grants or sets limitations of authority on all persons having the of a person in a company, whether as a member, transferee, manager, officer or otherwise or on the following: <ol> <li>May execute an instrument transferring real property held in the name of the company.</li> <li>Granted to: Noel Andress, as Manager</li> </ol> </li> </ul>	torspecific JIII 25 P I2: 2
	b. No authority granted to: N/A	G <sup>-</sup>
	May enter into other transactions on behalf of, or otherwise act for or bind, the compara.      Granted to: Noel Andress, as Manager	ıy.
	b. No authority granted to:	
70	Loch Andress, as Mar	<del></del>
Signatur	re of authorized representative Typed or printed name of s Filing Fee: \$25.00	ignature

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)