

L13000147977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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CALIFORNIA STATE BAR

SEP 08 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOLLENBECK DRIVE, 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:

Christopher C. Cathcart

Name of Person

Ossinsky & Cathcart, P.A.

Firm/Company

2699 Lee Road, Suite 101

Address

Winter Park, FL 32789

City/State and Zip Code

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

For further information concerning this matter, please call:

Joann Duncan

Name of Person

321

at ()

Area Code

397-2973

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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2016 SEP -7 P 12:11

FILED

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: HOLLENBECK DRIVE, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000147977

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

2 FIRST CT.

WINDERMERE, FL 34786

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

2 FIRST CT.

WINDERMERE, FL 34786

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:

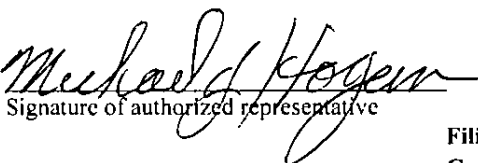
a. Granted to: MICHAEL J. HOGAN, as Manager, and
BARBARA W. HOGAN, as Manager

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: MICHAEL J. HOGAN, as Manager, and
BARBARA W. HOGAN, as Manager

b. No authority granted to: _____


Signature of authorized representative

MICHAEL J. HOGAN

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED
2016 SEP - 7 P 12:11
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA