

L13000151305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEACH CUISINE, 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:

MARGOT PEQUIGNOT, ESQ.

Name of Person

MARGOT PEQUIGNOT, P.A.

Firm/Company

P.O. BOX 2497

Address

LARGO, FL 33779-2497

City/State and Zip Code

marpeq@aol.com

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

For further information concerning this matter, please call:

MARGOT PEQUIGNOT at (727) 518-7330
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

FILED
13 NOV 12 11 12:30
TALLAHASSEE, FL
REGISTRATION SECTION
DIVISION OF CORPORATIONS

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: BEACH CUISINE, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000151305

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

14219 Walsingham Road

Suite Q

Largo, FL 33774

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

14219 Walsingham Road

Suite Q

Largo, FL 33774

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.

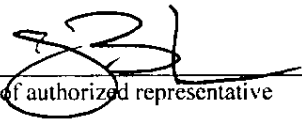
a. Granted to: JOEY BUCK

b. No authority granted to: LYNNE D. CASEY

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: JOEY BUCK

b. No authority granted to: LYNNE D. CASEY


Signature of authorized representative

JOEY BUCK

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)