

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000070834 3)))



H140000708343ABC

Note: DO NOT	hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.	
Тс:	TO HAR	77
	Division of Corporations Fax Number : (850)617-6383	E
From:	Account Name : SHUTTS & BOWEN LLP OPERATING ACCUMENTATION ACCOUNTS 12003000037	,

: (561)650-8530

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: rhagatell & Shutts.com

Fax Number

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WOODROSE EQUITIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25,00

K.SALY EXAMINER MAK 25 2014

Electronic Filing Menu

Corporate Filing Menu

Help

H14000070834 3

STATEMENT OF AUTHORITY

Pursuant to section 605.0302, Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: WOODROSE EQUITIES, LLC, Document Number L14000001112.

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

3140 S. Ocean Boulevard, #205N

Palm Beach, FL 33480

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

3140 S. Ocean Boulevard, #205N

Palm Beach, FL 33480

THIRD: This statement of authority grants or sets limitations of authority to a specific person with respect to the following:

a. BETH STEFFANELLI may enter into transactions on behalf of, or otherwise act for or bind, the Company for the purpose of carrying on the day-to-day business of the Company; opening and maintaining bank accounts in the name of the Company; and signing checks on behalf of the Company.

b. This Statement of Authority grants no authority to BETH STEFFANELLI to borrow or make any loans in the name of the Company or to perform such other acts not specifically stated in this Statement of Authority.

- Company of

Signature of Authorized Representative

Rikki Lober Bagatell

Typed or Printed Name of Signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

H14000070834 3