

L14000057516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

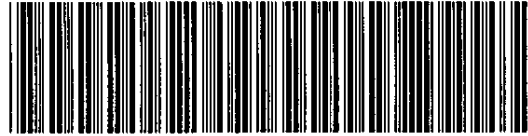
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
15 MAY 28 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Twelve Thousand Resort, 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:

Tammy Sari

Name of Person

Burton Carol Management LLC

Firm/Company

4832 Richmond Road, Suite 200

Address

Cleveland, Ohio 44128

City/State and Zip Code

tammysari@burtoncarol.com

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

For further information concerning this matter, please call:

Tammy Sari

Name of Person

at (

216

) Area Code

464-5130 ext. 400

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

**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: Twelve Thousand Resort, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L14000057516

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

411 77th Avenue North

Suite 104

St. Petersburg, Florida 33702

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

**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.

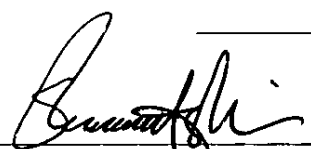
a. Granted to: Robert G. Risman and Joy Anzalone

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: Robert G. Risman and Joy Anzalone

b. No authority granted to: \_\_\_\_\_

  
\_\_\_\_\_  
Signature of authorized representative

Robert G. Risman

\_\_\_\_\_  
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

Joy Anzalone

**FILED**  
15 MAY 28 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA