

L14000041320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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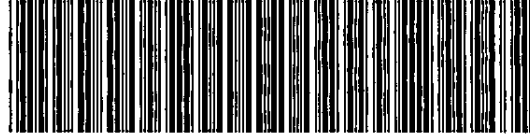
(Business Entity Name)

(Document Number)

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October 30, 2015

VIA U.S. MAIL

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: Statement of Authority for SD Renaissance, LLC, a Florida limited liability  
Company – Document # L14000061320

Gentlemen:

Enclosed for filing please find a *Statement of Authority* for the above-referenced limited liability company. Also enclosed is our firm's check number 26862 payable to the Florida Department of State in the amount of \$25.00 in payment of the filing fee.

Please contact me with any questions or comments.

Sincerely,

Amy Pescetto

Enclosures

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TALLAHASSEE, FLORIDA

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: SD RENAISSANCE, LLC,  
A FLORIDA LIMITED LIABILITY COMPANY

**SECOND:** The Florida Document Number of the limited liability company is: L14000061320

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

2647 PROFESSIONAL CIRCLE

SUITE 1201

NAPLES, FLORIDA 34119

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

2647 PROFESSIONAL CIRCLE

SUITE 1201

NAPLES, FLORIDA 34119

**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: BRIAN K. STOCK and/or CHAD KOCSES and/or BOB IMIG

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: BRIAN K. STOCK and/or CHAD KOCSES and/or BOB IMIG

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

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

BRIAN K. STOCK  
\_\_\_\_\_  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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