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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 OCT 20 PM 4: 58

# WOODDALE PARTNERS LLC

600 5<sup>th</sup> Avenue South, Suite 210  
Naples, FL 34102

October 19, 2016

**VIA FEDERAL EXPRESS**

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

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**RE: Statement of Authority; Document number L14000070500**

Please find enclosed a Cover Letter and Statement of Authority to be filing for Wooddale Partners LLC.  
Also enclosed is a check in the amount of \$25.00 for the filing fee.

Please contact Michael J. Schroeder or myself if you have any questions or need any additional information at 239-263-6877.

Sincerely,



Kimberley K. Burns  
Senior Financial Administrator

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Wooddale Partners 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:

Michael J. Schroeder

Name of Person

Wooddale Partners LLC

Firm/Company

600 Fifth Avenue South, Suite 210

Address

Naples, Florida 34102

City/State and Zip Code

mjs@wasmerschroeder.com

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

For further information concerning this matter, please call:

Kimberley K. Burns

at (

239

263-6877

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

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**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: Wooddale Partners LLC

**SECOND:** The Florida Document Number of the limited liability company is: L14000070500

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

600 Fifth Avenue South, Suite 210

Naples, Florida 34102

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

Same as Above

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**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.

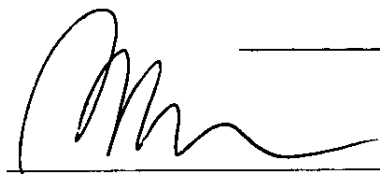
a. Granted to: John B. Schroeder

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: \_\_\_\_\_

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

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

Michael J. Schroeder

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

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)