

214000191099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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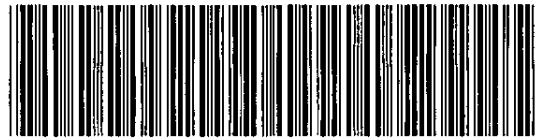
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COUNSELORS AND ATTORNEYS AT LAW

Kevin G. Coleman | Richard D. Yovanovitch | Edmond E. Koester
William M. Burke | Gregory L. Urbancic | Matthew L. Grabinski | Craig D. Grider
Matthew M. Jackson | Harold J. Webre | G. Helen Athan | Caroline M. Magliolo
Charles A. B. Thomson | David Kerem | Michael D. Gentzle | Of counsel: Kenneth R. Johnson

Writer's Email:
apescetto@cyklawfirm.com

August 3, 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 Esplanade, LLC, a Florida limited liability
Company – Document # L14000191099

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 26400 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 ESPLANADE, LLC,
A FLORIDA LIMITED LIABILITY COMPANY

SECOND: The Florida Document Number of the limited liability company is: L14000191099

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.

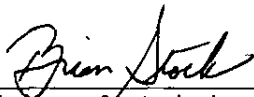
a. Granted to: BRIAN K. STOCK and/or CHAD KOCSES and/or BOB IMIG

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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