

L15000132340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Classic Estates by MyGarage, 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:

Noelle M. Melanson

Name of Person

Melanson Law PA

Firm/Company

1430 Royal Palm Sq. Blvd. Suite 103

Address

Fort Myers, FL 33919

City/State and Zip Code

noelle@melansonlaw.com

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

For further information concerning this matter, please call:

Noelle M. Melanson                      239                      689-8588  
Name of Person                      at (                      )                      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

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: Classic Estates by MyGarage, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000132340

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

7225 Sanibel Blvd.

Fort Myers, Florida 33908

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.

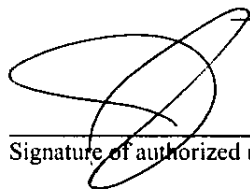
a. Granted to: Joseph Sorgi

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: Joseph Sorgi

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



Signature of authorized representative

Joseph Sorgi

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 SEP 14

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