

L16 000 113256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

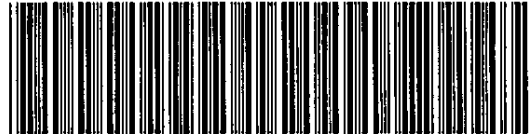
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
16 JUL 27 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 28 2016
J. HARRIS

LAW OFFICES OF CHRISTOPHER A. ROCHE

SAND DOLLAR PLAZA
229 NORTH COLLIER BOULEVARD
MARCO ISLAND, FLORIDA 34145

Christopher A. Roche
Attorney at Law

Telephone (239) 389-0700
Facsimile (239) 389-0800

July 21, 2016

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

Re: Filing Statement of
Authority for 1600 Galleon
Court, LLC, a Florida
limited liability company

Gentlemen:

Enclosed please find the Statement of Authority and a check in the amount of \$30.00 made payable to your order to cover filing of the document. Please return a certified copy of the Statement of Authority in the enclosed postage paid return envelope. Should you have any question, please contact me immediately.

Thank you for your time and efforts in this matter.

Sincerely,



Christopher A. Roche

Enclosures

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1600 Galleon Court, 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:

Christopher A. Roche

Name of Person

Law Office of Christopher A. Roche

Firm/Company

229 N. Collier Boulevard

Address

Marco Island, FL 34145

City/State and Zip Code

croche@marcolawoffice.com

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

For further information concerning this matter, please call:

Chrsitopher A. Roche

Name of Person

at (239)

Area Code

389-0700

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: 1600 Galleon Court, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000113256

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

229 N. Collier Boulevard, Marco Island, FL 34145

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

229 N. Collier Boulevard, Marco Island, FL 34145

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: Christopher A. Roche

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: Christopher A. Roche

b. No authority granted to: _____


Signature of authorized representative

Christopher A. Roche
Typed or printed name of signature

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

RECEIVED
15 JUL 27 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA