

L17000061633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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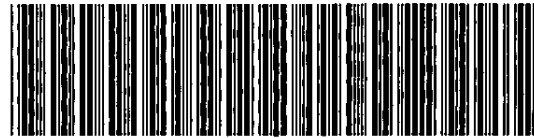
(Business Entity Name)

(Document Number)

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APR 04 2017
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 10 EAGLE ROCK ROAD, 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:

TREY E. MILLER, ESQ.

Name of Person

LAW OFFICE OF TREY E. MILLER III, P.A.

Firm/Company

1501 NW 49TH STREET, SUITE 130

Address

FORT LAUDERDALE, FL 33309

City/State and Zip Code

trey@treymillerlaw.com

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

For further information concerning this matter, please call:

Trey E. Miller, Esq.

Name of Person

at

954

Area Code

981-9301

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: 10 EAGLE ROCK ROAD, LLC

SECOND: The Florida Document Number of the limited liability company is: L17000061633

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

936 Intercoastal Drive, Apt. 4-A

Fort Lauderdale FL 33304

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

936 Intercoastal Drive, Apt. 4-A

Fort Lauderdale, FL 33304

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 E. Hogan

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: John E. Hogan

b. No authority granted to: _____

John E. Hogan POA for JAMES D. HOGAN

Signature of authorized representative

James D. Hogan

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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STATEMENT OF AUTHORITY
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TALLAHASSEE, FLORIDA