

L17000067457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

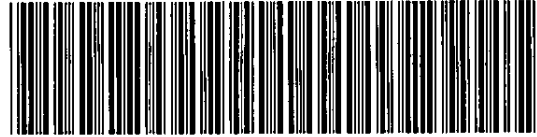
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/07/18--01001--001 **55.00

RECEIVED
DEPARTMENT OF STATE
18 MAY -4 PM 2:44

FILED
2018 MAY -4 AM 11:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 07 2018
J. HARRIS

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP:

Glinda

5/4



CERTIFIED COPY



PHOTOCOPY



CUS



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Statement

1.

705 Holly Brier LLC
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

2018 MAY -4 PM 2:33
TALLAHASSEE, FL 32303

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 705 HOLLYBRIAR 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:

William J. Dempsey

Name of Person

Cheffy Passidomo, P.A.

Firm/Company

821 Fifth Avenue South

Address

Naples, FL 34102

City/State and Zip Code

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

For further information concerning this matter, please call:

William J. Dempsey

Name of Person

at (239)

Area Code

261-9300

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: 705 HOLLYBRIAR LLC

SECOND: The Florida Document Number of the limited liability company is: L17000067457

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

5121 CASTELLO DRIVE, SUITE 2

NAPLES, FL 34103

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

5121 CASTELLO DRIVE, SUITE 2

NAPLES, FL 34103

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: CALUSA BAY DESIGN LLC, a Florida limited liability company

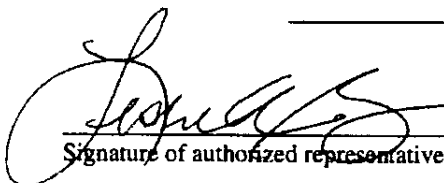
b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: CALUSA BAY DESIGN LLC, a Florida limited liability company

b. No authority granted to: _____

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2011 MAY -4 4PM 11:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA


Signature of authorized representative

Leslie A. Sherman, as Manager of Calusa Bay Design LLC, a Florida limited liability company, the Manager of 705 Hollybriar LLC, a Florida limited liability company

Typed or printed name of signature

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