

L19000171687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

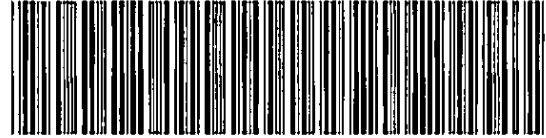
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INNISFREE HOLDINGS 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:

JULIAN MACQUEEN

Name of Person

INNISFREE HOLDINGS LLC

Firm/Company

113 BAY BRIDGE DRIVE

Address

GULF BREEZE, FLORIDA 32561

City/State and Zip Code

carol@innisfreehotels.com

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

For further information concerning this matter, please call:

Carol Ruben

850

698-0266

at ( )

Name of Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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: INNISFREE HOLDINGS LLC

**SECOND:** The Florida Document Number of the limited liability company is: L 19000171687

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

113 BAY BRIDGE DRIVE

GULF BREEZE, FL 32561

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

113 BAY BRIDGE DRIVE

GULF BREEZE, FL 32561

**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: STEWART BROOKS MOORE AND

TEDRICK C. ENT

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: STEWART BROOKS MOORE AND

TEDRICK C. ENT

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

Signature of authorized representative

JULIAN MACQUEEN

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

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