## 419000300214

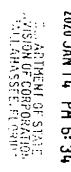
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## COVER LETTER

TO: Registration Section Division of Corporations		
ROBERTSON BAYOU, LL	С	
SUBJECT: Name of	Limited Liability Comp	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) as	re submitted for filing.	
Please return all correspondence concerning this i	natter to the following:	
SALLY FOX		
Name of Person		
ROBERTSON BAYOU, LLC		
Firm/Company		
3045 ROBERTSON ROAD		
Address		
PENSACOLA, FLORIDA 32507		
City/State and Zip Code		
E-mail address: (to be used for future an	mual report notification	)
For further information concerning this matter, pl	ease call:	
Cally Fox	850	433-6581
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations Clifton Building	Division of Corporations	
2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	

Tallahassee, Florida 32301

## 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: ROBERTSON BAYOU, LLC SECOND: The Florida Document Number of the limited liability company is: L19000300214 THIRD: The street address of the limited liability company's principal office is: 3045 ROBERTSON ROAD PENSACOLA, FLORIDA 32507 The mailing address of the limited liability company's principal office is: 3045 ROBERTSON ROAD PENSACOLA, FLORIDA 32507 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. Granted to:\_SALLY FOX b. No authority granted to: May enter into other transactions on behalf of, or otherwise act for or bind, the company, Granted to: SALLY FOX b. No authority granted to: SALLY FOX Signature of authorized representative Typed or printed name of signature

Filing Fee:

\$25.00

Certified Copy: \$30.00 (optional)