

L19000300214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
ATLANTA, GEORGIA

FEB 13 2020

S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ROBERTSON BAYOU, 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:

**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 annual report notification)

For further information concerning this matter, please call:

Sally Fox at ( 850 ) 433-6581  
Name of Person Area Code 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: 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

CLERK OF COURT  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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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: SALLY FOX

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: SALLY FOX

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

Sally Fox  
Signature of authorized representative

SALLY FOX

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)