

L20 000 122243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NOCC PROPERTIES 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:

CLAIRE E. COLEMAN

\_\_\_\_\_  
Name of Person

NOCC PROPERTIES LLC

\_\_\_\_\_  
Firm/Company

8 GUNN CIRCLE

\_\_\_\_\_  
Address

PENSACOLA, FLORIDA 32506

\_\_\_\_\_  
City/State and Zip Code

*nocc@y7mail.com*

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

For further information concerning this matter, please call:

*Claire Coleman*

\_\_\_\_\_  
Name of Person

at (

*850*)

\_\_\_\_\_  
Area Code

*748-3423*

\_\_\_\_\_  
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: NOCC PROPERTIES LLC

SECOND: The Florida Document Number of the limited liability company is: L20000122243

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

8 GUNN CIRCLE

PENSACOLA, FLORIDA 32506

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

8 GUNN CIRCLE

PENSACOLA, FLORIDA 32506

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the position of a person in a company, whether as a member, transferee, manager, officer or otherwise or any other person on the following:

1. May execute an instrument transferring real property held in the name of the company.


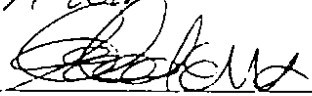
a. Granted to: NICHOLAS W. OOSTERBAAN or  
CLAIRE E. COLEMAN

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: NICHOLAS W. OOSTERBAAN or  
CLAIRE E. COLEMAN

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

Signature of authorized representative

Nicholas W. Oosterbaan  
CLAIRE E. COLEMAN

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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TALLAHASSEE, FL

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