## H12010000H11

(Requestor's Name)					
(Address)					
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PICK-UP	□ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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SELBLIANT OF STATE
ALLAHASSEE, FLORIDA

T. BROWN

MAR 1 6 2015

## **COVER LETTER**

	gistration Section vision of Corporations					
SUBJECT:	2880, LLC, a Florida Limited L	iability Compa	ny			
Name of Limited Liability Company						
Dear Sir or N	Madam:		•			
The enclosed	d Statement of Authority and fee(s) are su	bmitted for filing.				
Please return	n all correspondence concerning this matte	r to the following:				
Brian W.	Broad, Esq.					
	Name of Person					
Brian W.	Broad, P.A.					
	Firm/Company					
55 N.E. 5	oth Avenue, Suite 400					
	Address					
Boca Rat	on, Florida 33432					
	City/State and Zip Code					
brian@br	oadlaw.net					
E-n	nail address: (to be used for future annual	report notification	)			
For further in	nformation concerning this matter, please	call:				
Brian W.E	Broad	561	394-2321			
	Name of Person	Area Code	Daytime Telephone Number			
Reg Div Clif 266	REET/COURIER ADDRESS: cistration Section ision of Corporations fron Building 1 Executive Center Circle lahassee, Florida 32301	Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ce, Florida 32314			

ATTORNEY AT LAW 55 NE FIFTH AVENUE, SUITE,400 **BOCA RATON, FLORIDA 33432** 

FLORIDA & NEW YORK BARS

561 - 394 - 2321 brian@broadlaw.net

February 26, 2015

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

800-245-6052

Re: 2880, LLC

Statement of Authority

Dear Sir or Madam:

Enclosed please find a Statement of Authority, together with a check in the amount of \$25.00 as the filing fee, submitted on behalf of the above referenced Corporation.

Should you have any questions concerning this matter, please do not hesitate to call. Thank you for your cooperation in this matter.

Sincerely,

Brian W. Broad

BWB/sm

15-2769/letter to state

Enclosure & Check No. 7881

W.M.d

## STATEMENT OF AUTHORITY

authority:	section 605.0302(1), Florida Statu ne name of the limited liability com		-	Ū
<del></del>				
SECOND:	The Florida Document Number of	the limited liability co	ompany is: <u>L1400001621</u> 4	1
	he street address of the limited liab		pal office is:	
Be	oca Raton, Florida 33431			5 3
				15 MAR -2 PA
	he mailing address of the limited li 600 N.W. Boca Raton Bould		cipal office is:	EE. PLORIE
Bo	oca Raton, Florida 33431			PRIDE
person on the	May execute an instrument transfe a. Granted to: Timothy R		d in the name of the company.	
	b. No authority granted to:			
2.	May enter into other transactions of a. Granted to: Timothy I		rise act for or bind, the compar	ny.
	b. No authority granted to: _			
			Timothy P. Lowis	
gnature of a	uthorized representative		Timothy R. Lewis Typed or printed name of si	ignature
		ng Fee: \$25.00 tified Copy: \$30.00 (	(optional)	

CR2E138 (2/14)