

Division of Corporations

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L18000227910

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : GARDNER BREWER MARTINEZ-MONFORT, P.A.  
Account Number : 120060000058  
Phone : (813)221-9600  
Fax Number : (813)221-9611

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: pelark@ripaconstruction.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
WILLIAMS ROAD BRANDON, L.L.C.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

2019 JAN 30 PM 7:45

19 JAN 30 PM 7:45

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WILLIAMS ROAD BRANDON, L.L.C  
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:

Christopher W. Brewer

Name of Person

Gardner Brewer Martinez-Monfort PA

Firm/Company

400 North Ashley Drive, Suite 1100

Address

Tampa FL 33602

City/State and Zip Code

cbrewer@gbmmlaw.com

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

For further information concerning this matter, please call:

Christopher Brewer

Name of Person

813

Area Code

221-1588

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

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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: WILLIAMS ROAD BRANDON, L.L.C

SECOND: The Florida Document Number of the limited liability company is: L18000227910

THIRD: The street address of the limited liability company's principal office is:  
1409 TECH BOULEVARD, SUITE 1  
TAMPA FL 33619

The mailing address of the limited liability company's principal office is:  
1409 TECH BOULEVARD, SUITE 1  
TAMPA FL 33619

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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: Joseph Christian LaFace
- 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: Joseph Christian LaFace
- b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

Frank P. Ripa  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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