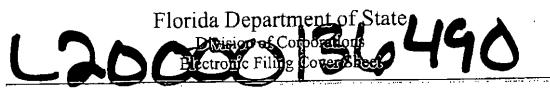
5/3/22, 2:39 PM

**Olvision of Corporations** 



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: WARD, DAMON & POSNER, P.A. Account Name

Account Number : 072262000447 : (561)842-3000 Phone : (561)842-3626 Fax Number

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

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FROST POINT PROPERTIES, LLC

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### COVER LETTER

	istration Section ision of Corporations		
SUBJECT:	Frost Point Properties, LLC		
JUDJECI.	Name of	Limited Liability Comp	pany
Dear Sir or N	1adam:		
The enclosed	Statement of Authority and fcc(s) as	e submitted for filing.	
Please return	all correspondence concerning this t	natter to the following:	
Adam R. Se	ligman, Esq.		
	Name of Person		
Ward Damo	n PL		
	Firm/Company		
4420 Beacon	n Circle		
	Address		
West Palm I	Beach, Florida 33407		
	City/State and Zip Code		
Tgerhardt@	frostpointcapital.com		
E-r	nail address: (to be used for future an	mual report notification	)
For further is	nformation concerning this matter, pl	ease call:	
Adam R. Se	ligman, Esq.	561 at ()	515-5674
	Name of Person	Area Code	Daytime Telephone Number

## Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314

## Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the foll authority:	owing state	ement o	f
FIRST: The name of the limited liability company is: Frost Point Properties, LLC	_		
SECOND: The Florida Document Number of the limited liability company is: L20000136490			<u> </u>
THIRD: The street address of the limited liability company's principal office is: 120 South Olive Avenue, Suite 404	_		
West Palm Beach, Florida 33401	<del></del>		
The mailing address of the limited liability company's principal office is:  120 South Olive Avenue, Suite 404	_		
West Palm Beach, Florida 33401			
FOURTH: This statement of authority grants or sets limitations of authority on all persons har position of a person in a company, whether as a member, transferee, manager, officer or otherw person on the following:  1. May execute an instrument transferring real property held in the name of the com  a. Granted to:  N/A	rise or to a	specific	
b. No authority granted to: N/A		2022 HAY -3	71
2. May enter into other transactions on behalf of, or otherwise act for or bind, the coa.  a. Granted to:  Paul Forberger  a.	ompany.	AH 9:49	
b. No authority granted to:  Sell, mortgage encumber the property or open manage bank accounts  Taylor N. Gerhardt, M.		9	
Signapare of authorized representative Typed or printed nar Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)		nure	