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COVER LETTER

TO: Registration Section Division of Corporations		
BLR-Shell Pond, LLC SUBJECT:		
	mited Liability Comp	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	:
Holly L. Collins		
Name of Person		
Nelson Mullins Broad and Cassel		
Firm/Company		
390 N. Orange Avenue, Suite 1400		
Address		
Orlando, Florida 32801		
City/State and Zip Code		
holly.collins@nelsonmullins.com		
E-mail address: (to be used for future annu	al report notification	n)
For further information concerning this matter, please	se call:	
Holly L. Collins	407 at ()	839-4200
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	Registrati Division o P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, Florida 32314

STATEMENT OF AUTHORITY

Pursuant to sec authority:	ction 605.0302(1), Florida Statutes, this limited liability company submits the follow	ing statement of	
FIRST: The r	name of the limited liability company is: BLR-Shell Pond, LLC		-
SECOND: T	he Florida Document Number of the limited liability company is: L01000018945	5	_
THIRD: The	street address of the limited liability company's principal office is: N. Orange Avenue, Suite 1400		
Orla	ando, Florida 32801		
	mailing address of the limited liability company's principal office is: N. Orange Avenue, Suite 1400		
Orla	ando, Florida 32801		
position of a person on the f	tay execute an instrument transferring real property held in the name of the company a. Granted to: C. David Brown, II	or to a specific	
	b. No authority granted to:	2019 SEP 10 AM S	
2. 1	May enter into other transactions on behalf of, or otherwise act for or bind, the compa a. Granted to: C. David Brown, II Holly L. Collins	9:02	امد انون فی
	b. No authority granted to:		
Holl	y Collins Holly L. Collins		
Signature of au	the fized representative Typed or printed name of Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	`signature	