LO3ADOROSOF

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
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Office Use Only



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CORPORAT ACCESS,	F
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When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

		W	VALK IN	
	PIC	K UP:	2/26/16	
	CERTIFIED COPY			
жж	РНОТОСОРУ			
	cus			
хх	FILING	STAT	EMENT	
1.	LB ESTUARY, LLC (CORPORATE NAME AND DOC	UMENT #)		
2.	(CORPORATE NAME AND DOC	UMENT #)		
3.	(CORPORATE NAME AND DOC	UMENT #)		
4.	(CORPORATE NAME AND DOC	UMENT #)		
5.	(CORPORATE NAME AND DOC	UMENT #)		 FEB 26 /
6.		_		A # 20 FLOREDA
SPECIA	(CORPORATE NAME AND DOC	UMENT #)		
				

COVER LETTER

Division of Corporations		
LB Estuary, LLC		
Name of Limited Liab	ity Company	
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are submitted	or filing.	
Please return all correspondence concerning this matter to the	ollowing:	
Lisa Van Dien		
Name of Person		
LB Estuary, LLC		
Firm/Company		
2210 Vanderbilt Beach Road Suite 1300		
Address		
Naples, Florida, 34109		
City/State and Zip Code		
lisavandien@londonbay.com		
E-mail address: (to be used for future annual report n	tification)	
For further information concerning this matter, please call:		
Lisa Van Dien 23	449-1599	
	a Code Daytime Telephone Nu	mber
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	2016 FEB 26 A 4 2 SECRETARY RE JIATE TALLAHASSEEL FLORID

STATEMENT OF AUTHORITY

FIRST: '		05.0302(1), Florida Statutes, this limited liability company submits the fo	_
	The name o	f the limited liability company is: LB Estuary, LLC	**************************************
SECONI	D: The Flor	ida Document Number of the limited liability company is:	6804
:		address of the limited liability company's principal office is: address of the limited liability company's principal office is: address of the limited liability company's principal office is: address of the limited liability company's principal office is:	
-		ng address of the limited liability company's principal office is:	
- ! -	Naples, I	FL 34109	
position o person on	of a person in the following	ement of authority grants or sets limitations of authority on all persons has a company, whether as a member, transferee, manager, officer or otherng:	
	a.	Granted to: Mark D. Wilson, Stephen G. Wilson,	mpany.
	a .		
2	a. b.	Granted to: Mark D. Wilson, Stephen G. Wilson, Lisa Van Dien	

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)