L040000 92828

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500314200325

06/08/18--01024--021 **250.00

2011 JUN -8 PM 4: 38

B FIGUEROA JUN 1 2 2018

COVER LETTER

Division of Corporations		
374 ST ARMANDS CIRCL	_E LLC	
	f Limited 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	matter to the following:	
ADAM SELIGMAN, ESQ.		
Name of Person		
WARD DAMON		
Firm/Company		
4420 BEACON CIRCLE		
Address		
WEST PALM BEACH, FLORIDA 33	3407	
City/State and Zip Code		
ASELIGMAN@WARDDAMON.COM	Л	
E-mail address: (to be used for future a	annual report notification	n)
For further information concerning this matter, p	please call:	
ADAM SELIGMAN	561	842-3000
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 (P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, Florida 32314

Registration Section

TO:

FIRST:	The name of the limited liability company is: 374 ST ARMANDS CIRCLE LL	.C	
SECON	D: The Florida Document Number of the limited liability company is:	28	
THIRD	The street address of the limited liability company's principal office is: C/O BELMONT ASSOCIATES LLC	_	
	777 E. ATLANTIC AVENUE, SUITE 301		
	DELRAY BEACH, FL 33483	_	
	The mailing address of the limited liability company's principal office is: C/O BELMONT ASSOCIATES LLC		
	ZZZ C. ATLANTIC AVENUE CULTE 204		
	777 E. ATLANTIC AVENUE, SUITE 301		
FOUR'I	DELRAY BEACH, FL 33483	— — ng the statu	is or
position		se or to a sp	pecific
position	DELRAY BEACH, FL 33483 H: This statement of authority grants or sets limitations of authority on all persons having a person in a company, whether as a member, transferce, manager, officer or otherwise the following: 1. May execute an instrument transferring real property held in the name of the company.	any.	as or pecific 2010 JUN -8 PH 4: 3
position	DELRAY BEACH, FL 33483 H: This statement of authority grants or sets limitations of authority on all persons having a person in a company, whether as a member, transferce, manager, officer or otherwise the following: 1. May execute an instrument transferring real property held in the name of the company. a. Granted to: N/A b. No authority granted to: sell, mortgage or encumber properties 2. May enter into other transactions on behalf of, or otherwise act for or bind, the core	any. O FOR AND OF STATE OF STA	2010 JUN -8
position	DELRAY BEACH, FL 33483 H: This statement of authority grants or sets limitations of authority on all persons having a person in a company, whether as a member, transferce, manager, officer or otherwise the following: 1. May execute an instrument transferring real property held in the name of the company. a. Granted to: N/A b. No authority granted to: sell, mortgage or encumber properties 2. May enter into other transactions on behalf of, or otherwise act for or bind, the company of the properties of the company of the	any. List A PACSET LET (121). Clot (AAR COF LIST). Inpany.	2010 JUN -8 PM 4: 3

Filing Fee:

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

Typed or printed name of signature

CR2E138 (2/14)

Signature of authorized representative