

L040000 92841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

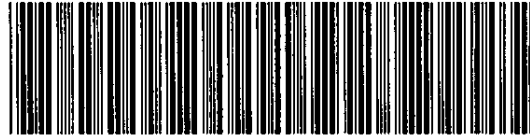
(Business Entity Name)

(Document Number)

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ALABAMA

JUN 02 2015

J SHIVERS

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: 1865 WOOLBRIGHT ROAD LLC

SECOND: The Florida Document Number of the limited liability company is: L04000092841

THIRD: The street address of the limited liability company's principal office is:
7 LAGOMAR ROAD PALM BEACH, FL 33480

The mailing address of the limited liability company's principal office is:
7 LAGOMAR ROAD PALM BEACH, FL 33480

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: 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

- a. Granted to: D. GLEN ALEXANDER
(leases, utilities, repair agreements and related matters)
- b. No authority granted to: sell, mortgage or encumber properties


Signature of authorized representative

MATHIEU ROSINSKY

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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CLERK OF DISTRICT COURT
JANUARY 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1865 WOOLBRIGHT ROAD LLC

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:

ADAM SELIGMAN, ESQ.

Name of Person

WARD DAMON

Firm/Company

4420 BEACON CIRCLE

Address

WEST PALM BEACH, FLORIDA 33407

City/State and Zip Code

ASELIGMAN@WARD DAMON.COM

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

For further information concerning this matter, please call:

ADAM SELIGMAN

Name of Person

at (

561

_____)
Area Code

842-3000

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