(Requ	uestor's Name)	
(Addı	ress)	
abbA)	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doct	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	326-330 ST ARMANDS CIR	CLE LLC	
SODJE		mited Liability Comp	any
Dear Sir	r or Madam:		
The enc	closed Statement of Authority and fee(s) are	submitted for filing.	
Please r	eturn all correspondence concerning this ma	atter to the following:	
ADAN	Л SELIGMAN, ESQ.		
	Name of Person	····	
WAR	D DAMON		
	Firm/Company		
4420	BEACON CIRCLE		
	Address	<del></del>	
WES	T PALM BEACH, FL 33407		
	City/State and Zip Code	······································	
ASEL	IGMAN@WARDDAMON.COM		
•	E-mail address: (to be used for future annu	ual report notification	)
For furt	ther information concerning this matter, plea	se call:	
ADAN	M 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	Registrati Division ( P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314

Tallahassee, Florida 32301

## STATEMENT OF AUTHORITY

authority	to section 605.0302(1), Florida Statutes, this limited liability company submits the following:		ent of		
FIRST:	The name of the limited liability company is: 326-330 ST ARMANDS CIRCLE	LLC _			
SECON	ND: The Florida Document Number of the limited liability company is: L04000093088				
	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				
	777 E. ATLANTIC AVENUE, SUITE 301				
	DELRAY BEACH, FL 33483		18 APR		
position	<ul> <li>This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following:</li> <li>May execute an instrument transferring real property held in the name of the company</li> <li>a. Granted to: N/A</li> </ul>	r toca <u>sp</u> e	s or		
	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 compara.  Granted to:  KYLIE JACKSON					
	(leases, utilities, repair agreements and related matters).				
	b. No authority granted to: sell, mortgage or encumber properties.				
	MATHIEU P. ROSIN				
Signatur	re of authorized representative  Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)	signature	2		

CR2E138 (2/14)