

**LOPEZ 018169**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : NORTON, HAMMERSLEY, LOPEZ & SKOKOS, P.A.  
Account Number : I20010000202  
Phone : (941) 954-4691  
Fax Number : (941) 954-2129

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please\*\***

Email Address: Corporation@nhkslaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**330 S. ORANGE, LLC**

Certificate of Status	0
Certified Copy	1
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**STATEMENT OF AUTHORITY**

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

1. The name of the limited liability is 330 S. Orange, LLC.

2. The Florida Document Number of the limited liability company is L06000018169.

3. The street address of the limited liability company's principal office is 1605 Main Street, Suite 900, Sarasota, Florida 34236, and the mailing address of the limited liability company's principal office is: 1335 2<sup>nd</sup> Street, Sarasota, Florida 34236.

4. 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:

A. May execute an instrument transferring real property held in the name of the company:

1. Granted to: PAUL S. KLICK, III

2. No authority granted to: N/A

B. May enter into other transactions on behalf of, or otherwise act for or bind, the company:

1. Granted to: PAUL S. KLICK, III

2. No Authority granted to: N/A

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ALLAHUSSEIN FLORIDA

Dated: 4/9/15

DOUGLAS A. TIBBETTS  
Manager

Dated: 4/9/15

GARY R. SILIGAR  
Manager

STATE OF FLORIDA  
COUNTY OF SARASOTA:

The foregoing instrument was acknowledged before me on April 9, 2015, by DOUGLAS A. TIBBETTS who is (Notary choose one) ☒ personally known to me or ☐ who has produced \_\_\_\_\_ as identification.



\_\_\_\_\_  
Notary Public  
My Commission Expires:

STATE OF FLORIDA  
COUNTY OF SARASOTA:

The foregoing instrument was acknowledged before me on April 9, 2015, by GARY R. SILIGAR who is (Notary choose one) ☒ personally known to me or ☐ who has produced \_\_\_\_\_ as identification.



\_\_\_\_\_  
Notary Public  
My Commission Expires:

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