

106000044773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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REGISTRATION UNIT  
6034 1740

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SOUTHPORT GROVE, 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:

Patrick H. Willis, Esq.

\_\_\_\_\_  
Name of Person

Willis Oden

\_\_\_\_\_  
Firm/Company

2121 S. Hiawassee, Rd. STE 116

\_\_\_\_\_  
Address

Orlando, FL 32835-8762

\_\_\_\_\_  
City/State and Zip Code

PWillis@willisoden.com

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

For further information concerning this matter, please call:

Patrick H. Willis

407

903-9939

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## 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: SOUTHPORT GROVE, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L06000044773

**THIRD:** The street address of the limited liability company's principal office is:

4100 Canoe Creek Road, St. Cloud, FL 34772

The mailing address of the limited liability company's principal office is:

4100 Canoe Creek Road, St. Cloud, FL 34772

**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: Requires the signatures of Mary Vianne K. Smith, Trustee,

Gary A. Kelley, Trustee, and Gary L. Lee Trustee, all three required

b. No authority granted to: Gary L. Lee, Trustee, without the written joinder

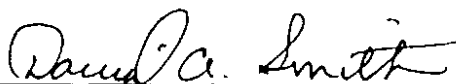
Gary A. Kelley, Trustee, and Mary Vianne K. Smith, Trustee

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

a. Granted to: Varies by issue. Purchase contract for land require signatures

from all three trustees listed above in Section 1(a).

b. No authority granted to: \_\_\_\_\_



Signature of authorized representative

David A. Smith

Typed or printed name of signature

Filing Fee: **\$25.00**

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