

L060000 71143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

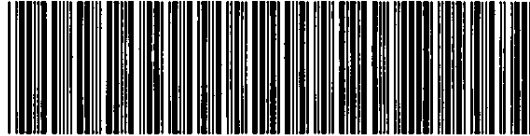
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600289205146

08/23/16--01016--008 \*\*55.00

FILED  
2016 AUG 23 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
AUG 24

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Loma Vista, 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:

Paul S. West, Esq.  
Name of Person

c/o Clayton & McCulloh, P.A.  
Firm/Company

1065 Maitland Center Commons Blvd.  
Address

Maitland, FL 32751  
City/State and Zip Code

For Further information concerning this matter, please call:

Paul S. West at (407) 875-2655  
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

**MAILING ADDRESS:**

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

CR2E138 (2/14)

**AMENDED STATEMENT OF AUTHORITY**

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority. Any and all Statements of Authority previously filed are hereby voided and replaced with this "Amended Statement of Authority."

**FIRST:** The name of the limited liability company is: Loma Vista, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L06000071143

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

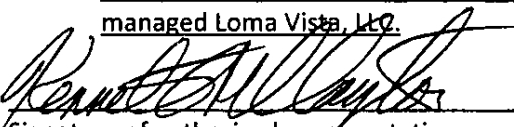
5405 Diplomat Circle, Suite 100  
Orlando, FL 32810

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

5405 Diplomat Circle, Suite 100  
Orlando, FL 32810

**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: Kenneth M. Clayton, independently as Trustee of the Kenneth M Clayton Revocable Trust dated January 8, 2008, as Member of WMC Management, LLC, as General Partner of Clayton Investments, Ltd., as sole Member of the member managed Loma Vista, LLC.
  - b. Also granted to: Craig H. Clayton, independently as Member of WMC Management, LLC, as General Partner of Clayton Investments, Ltd., as sole Member of the member managed Loma Vista, LLC.
2. May enter into other transactions on behalf of, or otherwise act or bind, the company.
  - a. Granted to: Kenneth M. Clayton, independently as Trustee of the Kenneth M Clayton Revocable Trust dated January 8, 2008, as Member of WMC Management, LLC, as General Partner of Clayton Investments, Ltd., as sole Member of the member managed Loma Vista, LLC.
  - b. Also granted to: Craig H. Clayton, independently as Member of WMC Management, LLC, as General Partner of Clayton Investments, Ltd., as sole Member of the member managed Loma Vista, LLC.

  
Signature of authorized representative

Kenneth M. Clayton  
Typed or printed name of signature

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

2016 AUG 23  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
PM 3:13