## 00000109468

(Re	equestor's Name)		
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## COVER LETTER

то:	Registration Section Division of Corporations		
SUBJ	Dewey Robbins Road I. LLC		
2. 2		Limited Liability Cor	mpany
Dear S	Sir or Madam:		
The er	nclosed Statement of Authority and fee(s)	are submitted for filing	<u>g</u> .
Please	return all correspondence concerning this	matter to the following	ng:
Holly	L. Collins		
	Name of Person		_
Nelso	on Mullins Riley & Scarborough		
	Firm/Company		_
390 N	Orange Ave Ste 1400		
	Address		_
Orlan	do, FL 32801		
	City/State and Zip Code		<del></del>
holly.	collins@nelsonmullins.com		
	E-mail address: (to be used for future a	nnual report notificati	on)
For fu	rther information concerning this matter, p	olease call:	
Holly	L. Collins	407 at (	669-4200
	Name of Person	Area Code	Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		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: Dewey Robbin	ns Road I, LLC
SECON	D: The Florida Document Number of the limited liability con	mpany is:
	: The street address of the limited liability company's princip 390 N Orange Ave. Suite 1400	
	Orlando, FL 32801	
	The mailing address of the limited liability company's prin 390 N Orange Ave. Suite 1400	acipal office is:
	Orlando, FL 32801	
position	Th: This statement of authority grants or sets limitations of at of a person in a company, whether as a member, transferee, non the following:  1. May execute an instrument transferring real property hele.  a. Granted to: C. David Brown, II	uthority on all persons having the status or ananager, officer or otherwise or to a specific ld in the name of the company.
	b. No authority granted to:	
	2. May enter into other transactions on behalf of, or otherway.  a. Granted to: C. David Brown, II	wise act for or bind, the company.
	b. No authority granted to:	
	06	C. David Brown. II
Signatur	re of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00	

CR2E138 (2/14)