

208000008987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

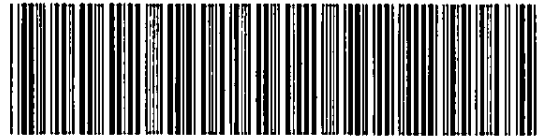
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

J. LEGGETT
DEC 01 2017

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: PLAYER'S COVE DEVELOPMENT, LLC
A FLORIDA LIMITED LIABILITY COMPANY

SECOND: The Florida Document Number of the limited liability company is: 1.08000008987

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

2639 PROFESSIONAL CIRCLE

SUITE 101

NAPLES, FLORIDA 34119

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

2639 PROFESSIONAL CIRCLE

SUITE 101

NAPLES, FLORIDA 34119

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.

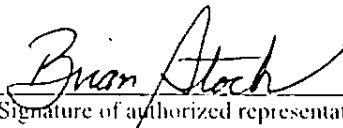
a. Granted to: JOHN FERRY

b. No authority granted to: _____

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

a. Granted to: JOHN FERRY

b. No authority granted to: _____


Signature of authorized representative

BRIAN K. STOCK

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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