## L0900006611

| · (Req                                  | uestor's Name   | )            |
|---|-----------------|--------------|
| (Add                                    | ress)           | <del> </del> |
| (Add                                    | ress)           |              |
| (City)                                  | /State/Zip/Phor | ne #)        |
| PICK-UP                                 | WAIT            | MAIL         |
| (Busi                                   | iness Entity Na | me)          |
| (Doc                                    | ument Number    | )            |
| Certified Copies                        | Certificate     | s of Status  |
| Special Instructions to Filing Officer. |                 |              |
|   |                 |              |
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|   |                 | MIR          |

Office Use Only



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## COVER LETTER

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| ted for filing. |  |
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| ort notificatio | n)   |
| :               |  |
| 407             | 669-4200   |
| Area Code       | Daytime Telephone Number                           |
|                 | Street Address:                                    |
|                 | Registration Section                               |
|                 | Division of Corporations The Centre of Tallahassee |
|                 | ort notification:                                  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## STATEMENT OF AUTHORITY

| Pursuant to authority:                    | ection 605.0302(1), Florida St   | tatutes, this limited liability company submits the following statement of   |
|---|--|--|
| FIRST: Th                                 | name of the limited liability of   | company is: BLR – Villa City C Residential, LLC  |
| SECOND:                                   | The Florida Document Numbe   | er of the limited liability company is:  |
| THIRD: T                                  |  | liability company's principal office is:   |
| <u>Oı</u>                                 | indo, FL 32801   |  |
| 39  | N Orange Ave. Suite 1400   | ted liability company's principal office is:   |
| Oi  | indo, FL 32801   | rants or sets limitations of authority on all persons having the status of r as a member, transferee, manager, officer or otherwise or to a specific |
| FOURTH:<br>position of a<br>person on the | This statement of authority graperson in a company, whether following:  May execute an instrument transfer a. Ciranted to:  Holly L. Collins | ransferring real property held in the name of the company.   |
|   | b. No authority grantec  | d to:  |
| 2.  | a. Granted to: C. Dav<br>Holly L. Collins  | tions on behalf of, or otherwise act for or bind, the company.  vid Brown, II  d to:   |
| Signature o                               | U Collins outhorized representative  | Holly L. Collins  Typed or printed name of signature  Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)  |

CR2E138 (2/14)