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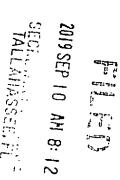
(Requestor's Name)					
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PICK-UP WAIT MAIL					
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COVER LETTER

	egistration Section ivision of Corporations					
SURTECT	BLR-Villa City Road Residen	tial, LLC				
SUBJECT: Name of Limited Liability Company						
Dear Sir or	Madam:					
The enclos	ed Statement of Authority and fee(s) are s	submitted for filing.				
Please retu	rn all correspondence concerning this made	tter to the following	;			
Holly L.	Collins					
	Name of Person					
Nelson I	Mullins Broad and Cassel					
	Firm/Company					
390 N. C	Orange Avenue, Suite 1400					
	Address	<u>-</u>				
Orlando	, Florida 32801					
	City/State and Zip Code					
holly.col	lins@nelsonmullins.com					
E-	mail address: (to be used for future annua	al report notification	n)			
For further	information concerning this matter, pleas	e call:				
Holly L.	Collins	407	839-4200			
-	Name of Person	at (; Area Code	Daytime Telephone Number			
Re Di Cli	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building 61 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				

Talfahassee, Florida 32301

STATEMENT OF AUTHORITY

authority:			company submits the follo	
FIRST: The name	of the limited liability co	ompany is: BLR-Villa	City Road Residentia	al, LLC
SECOND: The Flo	rida Document Number	of the limited liability co	mpany is: <u>L090000617</u>	88
THIRD: The stree		ability company's princip		
Orlando	. Florida 32801			_
	ing address of the limited Drange Avenue, Su	d liability company's prinuite 1400	cipal office is:	_
Orlando	, Florida 32801			_
position of a person person on the follow 1. May e	in a company, whether a ring:	as a member, transferee, numbers a member, transferee, numbers are a member of the members are a member, transferee, numbers are a member and a member are a member and a member are a member and a member are a member are a member are a member and a member are a member are a member are a member and a member are a member are a member are a member and a member are a member are a member and a member are a member are a member and a member are a member are a member and a member and a member are a member and a member and a member are a member and a m	uthority on all persons havi nanager, officer or otherwis ld in the name of the compa	se or to a specific
	C. David B			
b.		:0:	<u>. </u>	2019 SEP 10 SECTALLAHÁSS
2. May e	Granted to: Holly L	Collins	vise act for or bind, the con	npan(E)
b.		•		_ ~ ~
Signature of author	·	Filing Fee: \$25.00 Certified Copy: \$30.00		of signature