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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	MAIL MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
umills		

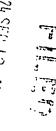
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COVER LETTER

Division of Corporations	
BLR – Villa City Road Commercial, LLC SUBJECT:	
Name of Limited I	Liability Company
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are submit	ted for filing.
Please return all correspondence concerning this matter to	the following:
Holly L. Collins	
Name of Person	
Nelson Mullins Riley & Scarborough	
Firm/Company	
390 N Orange Ave Ste 1400	
Address	
Orlando, FL 32801	
City/State and Zip Code	
holly.collins@nelsonmullins.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please call:	
Holly L. Collins	Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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TO:

Registration Section

STATEMENT OF AUTHORITY

authority		
FIRST:	The name of the limited liability company is: $\frac{BLR - V}{}$	illa City Road Commercial, LLC
SECONI	D: The Florida Document Number of the limited liabilit	ty company is: 1.09000061808
THIRD:	The street address of the limited liability company's pr 390 N Orange Ave, Suite 1400	rincipal office is:
	Orlando, F1, 32801	
	The mailing address of the limited liability company's 390 N Orange Ave, Suite 1400	s principal office is:
	Orlando, FL 32801	7074 SEP 12
person or	II: This statement of authority grants or sets limitations of a person in a company, whether as a member, transfer in the following: I. May execute an instrument transferring real propert a. Granted to: C. David Brown, II	ty held in the name of the company.
	a. Granted to: Holly L. Collins	
	b. No authority granted to:	
	May enter into other transactions on behalf of, or o a. Granted to: Holly L. Collins	otherwise act for or bind, the company.
	b. No authority granted to:	
Hol	ly Collins	Holly L. Collins
Signature	e of authorized representative Filing Fee: Si Certified Copy: Si	Typed or printed name of signature 25.00 (optional)