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COVER LETTER

TO: Registration Section Division of Corporations		
BLR – Villa City C Commercial.	LLC	
	of Limited Liability Con	npany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s)	are submitted for filing	ļ.
Please return all correspondence concerning thi	s matter to the following	g:
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 report notification	on)
For further information concerning this matter,	please call:	
Holly L. Collins	407 at (69 4200
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

STATEMENT OF AUTHORITY

authority:	05.0302(1), Florida Statutes, this limited liability company submits the follow	ing statement of	
FIRST: The name o	of the limited liability company is: BLR – Villa City C Commercial, LLC		-
SECOND: The Flor	ida Document Number of the limited liability company is:		-
	address of the limited liability company's principal office is:	_	
Orlando, Fl	. 32801		
	ng address of the limited liability company's principal office is: lige Ave. Suite 1400		
Orlando, FI	. 32801		
position of a person i person on the followi	tement of authority grants or sets limitations of authority on all persons having in a company, whether as a member, transferee, manager, officer or otherwise ing: ecute an instrument transferring real property held in the name of the compan Granted to: C. David Brown, H Holly L. Collins	of waspectific	
b.	No authority granted to:	•	
2. May et a. b.	oner into other transactions on behalf of, or otherwise act for or bind, the composition of the composition		
Holly	Collins Holly L. Collins		
Signature of authoriz	red representative Typed or printed name of Filing Fee: \$25.00	f signature	

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)