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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Floribra-Villa City ID, LLC		
Name of Lin	nited Liability Comp	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are s	abmitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Holly L. Collins		
Name of Person		
Nelson Mullins Broad and Cassel		
Firm/Company		
390 N. Orange Avenue, Suite 1400		
Address		
Orlando, Florida 32801		
City/State and Zip Code		
holly.collins@nelsonmullins.com		
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter, pleas	e call:	
Holly L. Collins	407	839-4200
Name of Person	at () Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

STATEMENT OF AUTHORITY

authority		ig statem	ent of	
FIRST:	The name of the limited liability company is: Floribra-Villa City 1D, LLC			
SECON	D: The Florida Document Number of the limited liability company is: L09000062776			
	The street address of the limited liability company's principal office is: 390 N. Orange Avenue, Suite 1400			
	Orlando, Florida 32801			
	The mailing address of the limited liability company's principal office is: 390 N. Orange Avenue, Suite 1400			
	Orlando, Florida 32801			
position of person of	H: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise of the following: 1. May execute an instrument transferring real property held in the name of the company a. Granted to: C. David Brown, II b. No authority granted to:	r to a spec SEC. TALLAH	cific ~	C.I.S.
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa a. Granted to: C. David Brown, []		ω	
	b. No authority granted to:			
Signature	Olly Collins of authorized representative Holly L. Collins Typed or printed name of	signature		

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)