

L09000062776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

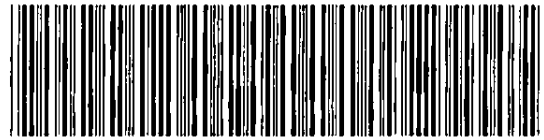
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Wmills

Office Use Only



200436096662

09-12-24--09-19--0 1 \*\*121123

09-12-24--09-19--0 1 \*\*121123

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Floribra – Villa City ID, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted 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 report notification)

For further information concerning this matter, please call:

Holly L. Collins

\_\_\_\_\_  
Name of Person

at ( 407 669--4200 )

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF AUTHORITY**

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

**FIRST:** The name of the limited liability company is: Floribra – Villa City ID, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L09000062776

**THIRD:** The street address of the limited liability company's principal office is:

390 N Orange Ave, Suite 1400

Orlando, FL 32801

The mailing address of the limited liability company's principal office is:

390 N Orange Ave, Suite 1400

Orlando, FL 32801

**FOURTH:** This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: C. David Brown, II  
Holly L. Collins

b. No authority granted to: \_\_\_\_\_

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: C. David Brown, II  
Holly L. Collins

b. No authority granted to: \_\_\_\_\_

Holly Collins  
Signature of authorized representative

Holly L. Collins  
Typed or printed name of signature

Filing Fee: **\$25.00**  
Certified Copy: **\$30.00 (optional)**