

U09000062785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

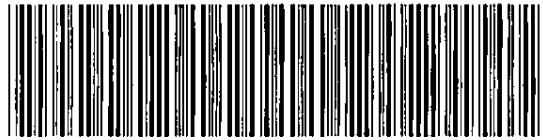
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Floribra - Villa City IC, 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

at ( 407 669 -4200

Name of Person

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 IC, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L09000062785

**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 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)