

L120000 24570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

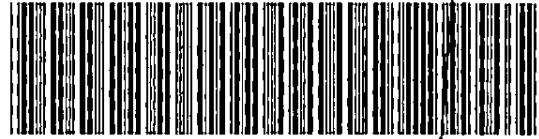
(Business Entity Name)

(Document Number)

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Statement of  
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GLOBAL CITY CENTER, 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:

Joanne Marchese  
Name of Person

Johnson & Johnson Attorney  
Firm/Company

150 S. Paletto Ave. 103  
Address

Daytona Beach FL 32114  
City/State and Zip Code

RNJlaw1@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joanne at ( 386 ) 252-3694  
Name of Person 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**

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: GLOBAL CITY CENTER, LLC

SECOND: The Florida Document Number of the limited liability company is: L12000024570

THIRD: The street address of the limited liability company's principal office is:  
149 S. Ridgewood Ave  
Daytona Beach, FL 32114

The mailing address of the limited liability company's principal office is:  
P.O. Box 15001  
Daytona Beach, FL 32115

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.

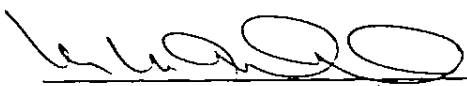
a. Granted to: Nasser Arbab, MGRM

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: \_\_\_\_\_

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

  
Signature of authorized representative

Nasser Arbab, MGRM  
Typed or printed name of signature

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

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