L130000 64888

(Re	equestor's Name)	
	•	
(Ac	idress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phone	⇒ #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
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TALL AHASSSEE FLORING

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COVER LETTER

	gistration Section vision of Corporations				
SUBJECT:	Premier Florida Group LLC				
Name of Limited Liability Company					
Dear Sir or	Madam:				
The enclose	d Statement of Authority and fee(s) are su	bmitted for filing.			
Please return	n all correspondence concerning this matte	er to the following:			
Kenneth	L. Block				
	Name of Person				
Law Offic	ces of Kenneth L. Block				
	Firm/Company				
2200 E.	Devon Ave., Suite 385				
	Address				
Des Plai	nes, Illinois 60018-4590				
	City/State and Zip Code				
kblock@	klblocklaw.com				
E-	mail address: (to be used for future annual	report notification	n)		
For further i	information concerning this matter, please	call:			
Kenneth	L. Block	312	224-8200		
	Name of Person	Area Code	Daytime Telephone Number		
Re	REET/COURIER ADDRESS: gistration Section vision of Corporations	Registrati	IG ADDRESS: ion Section of Corporations		

P.O. Box 6327

Tallahassee, Florida 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

authority		g stateme	ent of	
FIRST:	The name of the limited liability company is: Premier Florida Group LLC			-
SECON	D: The Florida Document Number of the limited liability company is: L13000064888			-
THIRD	: The street address of the limited liability company's principal office is: 187 Robbins Street			
	Winfield, IL 60190			
	The mailing address of the limited liability company's principal office is: PO Box 223			
	Winfield, IL 60190			
position	TH: This statement of authority grants or sets limitations of authority on all persons having to of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following:	r to a spe		
	May execute an instrument transferring real property held in the name of the company. a. Granted to: Mark R. Erickson	Ā.s		
	b. No authority granted to: Any other person or entity	ECRETATO I	6 SEP6	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa a. Granted to: Mark R. Erickson	STATE FIZARIOA	PH 2:58	Y
	b. No authority granted to: Any other person or entity			
//	Mark R. Erickson			
Signatu	Typed or printed name of Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	signatur	e	