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l .	LB WBB, LLC				,, <u>_</u> ,
	(CORPORATE NAME AND DOCUM	ENT #)			
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SPECIAI	L INSTRUCTIONS:				
					

COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	LB WBB, LLC		
		ited Liability Comp	any
Dear Sir	or Madam:		
The enclo	osed Statement of Authority and fee(s) are su	bmitted for filing.	
Please re	turn all correspondence concerning this matte	er to the following:	
Lisa Va	an Dien		
	Name of Person		
LB WE	BB, LLC		
	Firm/Company	· · · · · · · · · · · · · · · · · · ·	
2210 V	/anderbilt Beach Road Suite 1300		
<u></u>	Address		
Naples	s, Florida, 34109		
	City/State and Zip Code		
lisavar	ndien@londonbay.com		
	E-mail address: (to be used for future annual	report notification)
For furth	er information concerning this matter, please	call:	
Lisa V	an Dìen	239	449-1599
	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	Registration of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314

STATEMENT OF AUTHORITY

authority:		ted liability company submits the follow	ing statement of
FIRST: The name of	of the limited liability company is: LE	3 WBB, LLC	
SECOND: The Flor	rida Document Number of the limited	liability company is: L13000119443	3
	address of the limited liability compar nderbilt Beach Road, Suite 1	• • •	
Naples, I	FL 34109		FEB 2
	ng address of the limited liability components	•	MINERAL 26 MM OF THE PROPERTY
Naples, I	FL 34109		
position of a person i person on the follow	n a company, whether as a member, tring:		or to a specific
b.	No authority granted to:		
2. May et a.	onter into other transactions on behalf of Granted to: Mark D. Wilson, State Lisa Van Dien, John Glees		any.
b.	No authority granted to:		
<i>A</i>		Lisa Van Dien, Esq.	
Signature of authoriz	Filing Fee:	Typed or printed name of \$25.00	f signature

CR2E138 (2/14)