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| (Re | questor's Name) | |
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| (Ad | ldress) | ·-···-··· |
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| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
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| (Bu | ısiness Entity Nai | me) |
| (Do | ocument Number) | <u> </u> |
| - Certified Copies | Certificate | s of Status |
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| Special Instructions to | Filing Officer: | |
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SECRETARY SESTIMATE TALLAHASSEE, FLORES

COVER LETTER

| | Registration Section Division of Corporations | | |
|-----------|---|-------------------------|--------------------------|
| SUBJEC | BILTMORE DEVELOPMENT | r, llc | |
| SOBJEC | | mited Liability Com | pany |
| Dear Sir | or Madam: | | |
| The encle | osed Statement of Authority and fee(s) are | submitted for filing. | |
| Please re | turn all correspondence concerning this ma | atter to the following | : |
| Samue | el B. Reiner, II, Esq. | | |
| | Name of Person | ····· | • |
| Reiner | & Reiner, P.A. | | |
| | Firm/Company | | • |
| 9100 \$ | So. Dadeland Blvd., Suite 901 | | |
| | Address | | • |
| Miami, | Florida 33156-7815 | | |
| | City/State and Zip Code | | • |
| sbr@re | einerslaw.com | | |
| | E-mail address: (to be used for future annu | ual report notification | <u>n)</u> |
| For furth | er information concerning this matter, plea | se call: | |
| Diana | L. Escobar | 305 | 670-8282 |
| | Name of Person | Area Code | Daytime Telephone Number |
| | STREET/COURIER ADDRESS: Registration Section | | NG ADDRESS: |

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

| SECON | D: The Florida Document Number of the limited liability company is: L1400004654 | 6 | _ |
|--------------------------|--|---|--------|
| | The street address of the limited liability company's principal office is: | | |
| | Suite 1105 | - | |
| | Coral Gables, Florida 33146 | - | |
| | The mailing address of the limited liability company's principal office is: 1390 So. Dixie Highway | - | |
| | Suite 1105 | _ | |
| | | • | |
| position (| Coral Gables, Florida 33146 H: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise in the following: | or to a specific | |
| position of person of | H: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise | or to a specific 2018 MAY -7 SECRETARY B | Ī |
| position of person of | H: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise in the following: 1. May execute an instrument transferring real property held in the name of the compana. Granted to: | or to a specific | |
| position o | H: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise in the following: 1. May execute an instrument transferring real property held in the name of the compana. Granted to: | or to a specific 2018 MAY -7 AM 9: 3 SECRETARY BY SHAPE OF 3 | יורר כ |

Certified Copy: \$30.00 (optional)

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