L14000048762

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COVER LETTER

Division of Corporations				
Wildwood 105 Group, LLC SUBJECT:				
	nited Liability Comp	pany		
Dear Sir or Madam:				
The enclosed Statement of Authority and fee(s) are so	ubmitted for filing.			
Please return all correspondence concerning this man	ter to the following:			
Michael L. Peterson, Esq. as Registered	d Agent			
Name of Person				
Michael L. Peterson, P.A.				
Firm/Company				
218 Apollo Beach Blvd.				
Address				
Apollo Beach, FL 33572			2016 7.2.C.C	e.ecqi
City/State and Zip Code			新 斯	-
Milall Estern.	Registered	Agent	138.50 10.00 11.00 10.00	हुन विकास सम्बद्ध
E-mail address: (to be used-for future annua	al report notification	1)		Ċ
For further information concerning this matter, pleas	e call:		A II: 40	
Michael L. Peterson, Esq.	813 at (645-0966		
Name of Person	Area Code	Daytime Tele	phone 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

TO:

Registration Section

STATEMENT OF AUTHORITY

Pursuant authority	t to section 605.0302(1), Florida Statutes, this limited liability company submits the following:	ng statement of	•
FIRST:	The name of the limited liability company is: Wildwood 105 Group, LLC		
SECON	D: The Florida Document Number of the limited liability company is: L14000048762		-
THIRD	: The street address of the limited liability company's principal office is: 48 Heritage Drive		
	Fletcher, NC 28732		
	The mailing address of the limited liability company's principal office is: 48 Heritage Drive		
	Fletcher, NC 28732		
position	of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following: 1. May execute an instrument transferring real property held in the name of the company a. Granted to: Walter G. Millard	in to a specific	
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa a. Granted to: Walter G. Millard	any.	
	b. No authority granted to:		
Signatur	Walter G. Millard, Marc of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		

CR2E138 (2/14)