

L14000142034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

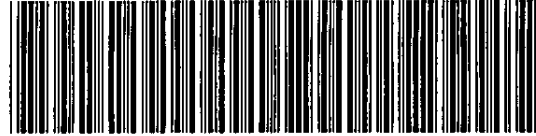
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 DEC 12 PM 4:56
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RECEIVED

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 409466 7354150

AUTHORIZATION :

COST LIMIT : \$ 55.00

ORDER DATE : December 12, 2016

ORDER TIME : 3:45 PM

ORDER NO. : 409466-015

CUSTOMER NO: 7354150

DOMESTIC AMENDMENT FILING

NAME: WRS OLD NAPLES 2 LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Michael Watson -- EXT# 62956

EXAMINER'S INITIALS: _____

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: WSR OLD NAPLES 2 LLC

SECOND: The Florida Document Number of the limited liability company is: L14000142034

THIRD: The street address of the limited liability company's principal office is:

3066 Tamiami Trail N

Suite 201

Naples, Florida 34103

The mailing address of the limited liability company's principal office is:

3066 Tamiami Trail N

Suite 201

Naples, Florida 34103

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: Anthony Solomon, Lawrence Settanni,
Jeffrey Laliberte

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

Lawrence Settanni

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF S.W. FLA.