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Fax Number : (850)617-6383

From:

Account Name : SHUTTS & BOWEN LLP OPERATING ACOUNT

Account Number: I20030000037 Phone .

: (561)835-8500

Fax Number

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALPINE DEVELOPMENT, LLC

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## STATEMENT OF AUTHORITY

Pursuant authority:	o section 605.0302(1), Florida Statutes, this limited liability company submits the followi	ng statem	ent of	
FIRST:	The name of the limited liability company is: ALPINE DEVELOPMENT, LLC			_
SECON	L14000176617	- <del></del>		-
	: The Florida Document Number of the limited liability company is: £14000176617			-
	The street address of the limited liability company's principal office is: 500 Maplewood Drive			
_	Jnit 4			
<u>-</u>	Jupiter, FL 33458			
;	The mailing address of the limited liability company's principal office is: 500 Maplewood Drive			
- I	Jnit 4			
-	lupiter, FL 33458			
position o person on	: This statement of authority grants or sets limitations of authority on all persons having a person in a company, whether as a member, transferee, manager, officer or otherwise of the following:  May execute an instrument transferring real property held in the name of the company.	r to a spe	or xific	
	a. Granted to: Michael DeGeorge			
	b. No authority granted to:	SEC TALI	35	
2	May enter into other transactions on behalf of, or otherwise act for or bind, the compa	影	MAR	- Ij
	a. Granted to: Michael DeGeorge		24	
	b. No authority granted to:	E STATE FLORIDA	PH 12: 20	U
/_				

Signature of authorized representative

Michael DeGeorge, Manager

Typed or printed name of signature

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