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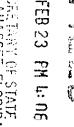
(Requestor's Name)					
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	WLT H	oldings	, LLC	
JODGE	Name of Lim	ited Liab	ility Compa	any
Dear Si	r or Madam:			
The end	closed Statement of Authority and fee(s) are so	ubmitted	for filing.	
Please 1	return all correspondence concerning this matt	ter to the	following:	
	W. F. Vassar, Jr.			
	Name of Person			
	Wilton LLC			
	Firm/Company			
	PO Box 252			
	Address			
	High Springs, FL 32655			
	City/State and Zip Code			
	buck@bv-ltd.com			
-	E-mail address: (to be used for future annua	l report n	otification)	
For furt	her information concerning this matter, please	call:		
	W.F. Vassar, Jr.	at (352	262-4010
	Name of Person	· \	ea Code	Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		
4.*	2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee	e, Florida 32314

CR2E138 (2/14)

STATEMENT OF AUTHORITY

authority			ng statement of
FIRST:	The name of the limited liability company is:	WLT Holdings, LLC	NE :
SECON	D: The Florida Document Number of the limited	liability company is: L1500001902	2
THIRD:	The street address of the limited liability compa 2531 NW 41st St. Bldg. D	ny's principal office is:	my Dog ma
	The mailing address of the limited liability com	pany's principal office is:	23 PH L: 06 HASY OF STATE ASSEELF LORID
	High Springs, FL 32655		RIDA RIDA
	May execute an instrument transferring real		
	b. No authority granted to:		
;	2. May enter into other transactions on behalf of a. Granted to:	· ·	ny.
	b. No authority granted to:		
W	F. Varian de	W. F. Vassar, Jr	r.
Signature	of authorized representative Filing Fee: Certified Co	Typed or printed name of \$25.00 py: \$30.00 (optional)	signature