

L15000052473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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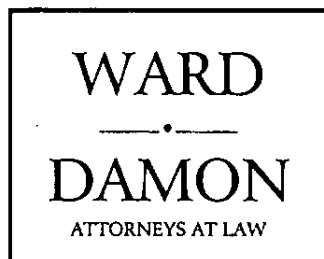
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4420 BEACON CIRCLE  
WEST PALM BEACH, FL 33407  
Tel: (561) 842-3000  
Fax: (561) 842-3626  
[www.warddamon.com](http://www.warddamon.com)

*Adam R. Seligman, Esquire*  
[aseligman@warddamon.com](mailto:aseligman@warddamon.com)

MAY 29, 2015

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

**Re: Statement of Authority**

Dear Sir/Madam:

Enclosed for filing please find the Statement of Authority for the following Limited Liability Companies:

438 St. Armands Circle LLC  
494 Elden Street LLC  
645 State Route 18 LLC  
382-386 St Armands Circle LLC  
380 A & B St Armands Circle LLC  
374 St Armands Circle LLC  
3700 34<sup>th</sup> Street LLC  
3450 Northlake Boulevard LLC  
10577 Fairview Avenue LLC  
10477 Fairview Avenue LLC  
1865 Woolbright Road LLC  
326-330 St Armands Circle LLC  
VB Condos II LLC  
VB Condos III LLC

Also, enclosed is our check #3763 for the amount of \$350.00 to cover the filing fees for each Statement of Authority listed

Yours truly,

A handwritten signature in black ink, appearing to be "AS", written over a horizontal line.

ADAM R. SELIGMAN

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VB CONDOS III LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADAM SELIGMAN, ESQ.

\_\_\_\_\_  
Name of Person

WARD DAMON

\_\_\_\_\_  
Firm/Company

4420 BEACON CIRCLE

\_\_\_\_\_  
Address

WEST PALM BEACH, FLORIDA 33407

\_\_\_\_\_  
City/State and Zip Code

ASELIGMAN@WARD DAMON.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADAM SELIGMAN

\_\_\_\_\_  
Name of Person

561

\_\_\_\_\_  
Area Code

842-3000

\_\_\_\_\_  
Daytime Telephone 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

**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: VB CONDOS III LLC

**SECOND:** The Florida Document Number of the limited liability company is: L15000052473

**THIRD:** The street address of the limited liability company's principal office is:  
7 LAGOMAR ROAD PALM BEACH, FL 33480

The mailing address of the limited liability company's principal office is:  
7 LAGOMAR ROAD PALM BEACH, FL 33480

**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: N/A

b. No authority granted to: sell, mortgage or encumber properties

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company

a. Granted to: Anthony Angiuli  
(leases, utilities, repair agreements and related matters)

b. No authority granted to: sell, mortgage or encumber properties

[Signature]  
Signature of authorized representative

MATHIEU ROSINSKY

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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