

**L15000089768**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

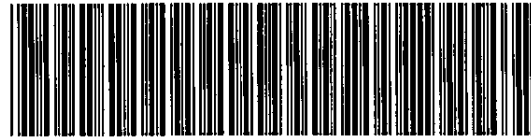
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 NOV 14 P 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**S Warren**

**NOV 15 2016**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WP RETAIL DEVELOPMENT 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:

CHRIS CATHCART

Name of Person

OSSINSKY & CATHCART, P.A.

Firm/Company

2699 LEE ROAD, SUITE 101

Address

WINTER PARK, FL 32789

City/State and Zip Code

joann@ossinskycathcart.com

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

For further information concerning this matter, please call:

Joann Duncan at (321) 397-2973  
Name of Person Area Code 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: WP RETAIL DEVELOPMENT LLC

**SECOND:** The Florida Document Number of the limited liability company is: L15000089768

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

3662 AVALON PARK EAST BLVD., SUITE 201

ORLANDO, FL 32828

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

3662 AVALON PARK EAST BLVD., SUITE 201

ORLANDO, FL 32828

**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.

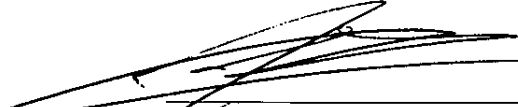
a. Granted to: FRANK SILVERMAN, Manager/AP  
and/or MICHAEL METZGER, Manager/AP

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: FRANK SILVERMAN, Manager/AP  
and/or MICHAEL METZGER, Manager/AP

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

Frank Silverman

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

2018 NOV 14 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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