

L15000190080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

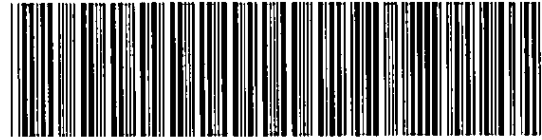
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SECRETARY  
TALLAHASSEE, FL  
JAN 18 2023  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GRAND OAKS APARTMENTS OF NSB, 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:

ROBERT YURKOWSKI

Name of Person

MARK R. HALL, P.A.

Firm/Company

124 FAULKNER STREET

Address

NEW SMYRNA BEACH, FL 32168

City/State and Zip Code

ROBERT@MHALLPA.COM

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

For further information concerning this matter, please call:

ROBERT YURKOWSKI at (386) 423-1221  
Name of Person Area Code Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## 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: GRAND OAKS APARTMENTS OF NSB, LLC

**SECOND:** The Florida Document Number of the limited liability company is: LI5000190080

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

6956 VINTAGE LANE

PORT ORANGE, FL 32128

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

6956 VINTAGE LANE

PORT ORANGE, FL 32128

**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.

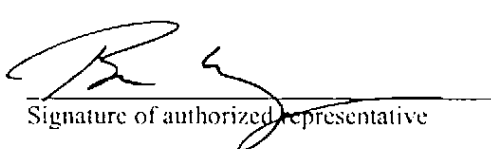
a. Granted to: BRANSON L. WRAY

b. No authority granted to: ANY OTHER MEMBER

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

a. Granted to: BRANSON L. WRAY

b. No authority granted to: ANY OTHER MEMBER

  
Signature of authorized representative

BRANSON L. WRAY

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)