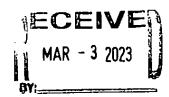
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(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

Division of Corporations		
GRAND OAKS APARTMENTS OF N SUBJECT:	SB, LLC	
	ited Liability Cor	mpany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are su	ibmitted for filing	g.
Please return all correspondence concerning this matt	er to the followin	g:
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 annua	l report notification	on)
For further information concerning this matter, please	call:	
ROBERT YURKOWSKI	386 at (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

CR2E138 (2/14)

TO:

Registration Section

C & 25

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: L15000190080
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:
1331 Saxon Drive
#122
New Smyrna Beach, Fl. 32129
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
BRANSON L. WRAY
Signature of authorized epresentative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)