

L160000086468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

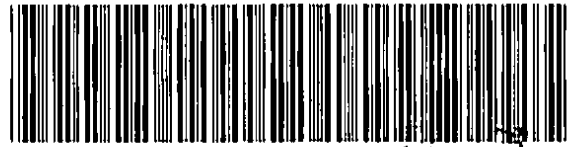
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer

Office Use Only



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2020 APR 10 AM 10:10

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APR 13 2023

**CORPORATE  
ACCESS,  
INC.**

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**WALK IN**

**PICK UP:** 4/10 Glinda

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- xx** **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- xx** **FILING** Statement of Authority \_\_\_\_\_

1. LB Naples Grande, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LB Naples Grande, 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:

Lisa Van Dien

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

LB Naples Grande, LLC

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

2210 Vanderbilt Beach Road, Suite 1300

\_\_\_\_\_  
Address

Naples, Florida, 34109

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

lisavandien@londonbay.com

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

For further information concerning this matter, please call:

Lisa Van Dien

239

449-1599

at ( \_\_\_\_\_ )

\_\_\_\_\_  
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: LB Naples Grande, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L16000086468

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

2210 Vanderbilt Beach Road, Suite 1300

Naples, Florida, 34109

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

2210 Vanderbilt Beach Road, Suite 1300

Naples, Florida, 34109

**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.

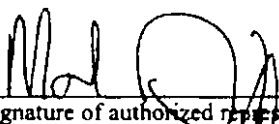
a. Granted to: Mark D. Wilson, Stephen G. Wilson, Lisa Van Dien

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: Mark D. Wilson, Stephen G. Wilson, Lisa Van Dien

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

  
Signature of authorized representative

Mark D. Wilson

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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