L16000104108

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
•	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000297828770

04/21/17--01015--021 **30.00

FILED
2017 APR 21 PH 3: 35
SECRETARY OF STATE

K. SALY APR 2 4 2017

COVER LETTER

TO: Registration Section Division of Corporations	*	· •
BG104, LLC SUBJECT:	•	
	nited Liability Comp	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are s	ubmitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Don Allison		
Name of Person		
Gillespie & Allison		
Firm/Company		,
33 SE 5th St., Ste. 100		
Address		
Boca Raton, Florida 33432		
City/State and Zip Code		
don@gillespieallison.com		
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, please	e call:	
Don Allison	561	368-5758
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

Pursuant to section 60 authority:	05.0302(1), Florida Statutes, this limited liability company submits the following statement of
FIRST: The name o	f the limited liability company is: BG104, LLC
SECOND: The Flor	ida Document Number of the limited liability company is: L16000104108
THIRD: The street a	address of the limited liability company's principal office is:
Boca Ra	ton, FL 33432
	ng address of the limited liability company's principal office is:
Boca Ra	ton, FL 33432
position of a person i person on the following	tement of authority grants or sets limitations of authority on all persons having the status or n a company, whether as a member, transferee, manager, officer or otherwise or to a specific ing: ecute an instrument transferring real property held in the name of the company. Granted to: Donald M. Allison, as authorized representative of the company
ь.	No authority granted to:
b. Signature of authoriz	Tohn-William Percock, Menager Typed or printed name of signature Sed representative Typed or printed name of signature Sed. Mar. Filing Fee: \$25.00

CR2E138 (2/14)