

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SMITH HULSEY & BUSEY
Account Number : 075030000653
Phone : (904) 359-7700
Fax Number : (904) 359-7708

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BRANAN FIELD VILLAGE LLC

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D. BRUCE
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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: Branan Field Village LLC

SECOND: The Florida Document Number of the limited liability company is: L16000223617

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

2207 Sawgrass Village Drive

Ponte Vedra Beach, FL 32082

436 Osceola Ave.

Jacksonville Beach, FL 32250

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

2207 Sawgrass Village Drive

Ponte Vedra Beach, FL 32082

P.O. Box 1426

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: _____

b. No authority granted to: Robert H. Hendricks

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

a. Granted to: _____

b. No authority granted to: Robert H. Hendricks

Timothy J. Renner
Signature of authorized representative

Timothy J. Renner
Typed or printed name of signature

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