L17000020218

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DIVISION OF CORPERATIONS

K SALY JAN 25 2018

COVER LETTER

Division of Corporations				
T & C DOWNTOWN DEVE	LOPMENT, LLC			
	Limited Liability Com	pany		
Dear Sir or Madam:				
The enclosed Statement of Authority and fee(s) are	re submitted for filing.			
Please return all correspondence concerning this r	natter to the following	:		
Timothy Green				
Name of Person	· · · · · - · · ·			
T & C DOWNTOWN DEVELOPMENT	T, LLC			
Firm/Company				
7900 ORANGE BLOSSOM TRAIL				
Address				
ORLANDO, FL 32809				
City/State and Zip Code	· - · · ·			
tim@greentreedevelop.com				
E-mail address: (to be used for future an	nual report notification	1)		
For further information concerning this matter, ple	ease call:			
Timothy Green	407	⁵⁹⁰⁻⁶⁰²⁵		
Name of Person	Area Code	Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section		
Division of Corporations	Division	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314			

Tallahassee, Florida 32301

TO: Registration Section

STATEMENT OF AUTHORITY

authority:			iability company submits the follo	•
FIRST: The name o	of the limited liabilit	ty company is: T&C	DOWNTOWN DEVELOR	PMENT, LLC
SECOND: The Flor	rida Document Num	nber of the limited liab	ility company is: L170000208	18
	address of the limite	ed liability company's	principal office is:	18.0 018.10
ORLAND	OO, FL 32809			18 JAN 24 PH
	ng address of the lin	nited liability compan	's principal office is:	- ?X
ORLAND	OO, FL 32809			<u></u>
position of a person i person on the following	in a company, whetling:	her as a member, trans t transferring real prop	ns of authority on all persons havi feree, manager, officer or otherwis erty held in the name of the compa	se or to a specific
b.	No authority gran	ted to: Casey Pres	ton	_
2. May er a.	nter into other transs Granted to:		otherwise act for or bind, the con	 npany.
b.	No authority gran	ted to: Casey Pres	ton	_ _
			Timothy Green	
Signature of authoriz	ed representative	Filing Fee: Certified Copy:	Typed or printed name \$25.00 \$30.00 (optional)	of signature

CR2E138 (2/14)