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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations			
GPG Limited, LLC SUBJECT:			
	of Limited Liability Con	прапу	
Dear Sir or Madam:			
The enclosed Statement of Authority and fee(s) are submitted for filing	J.	
Please return all correspondence concerning th	is matter to the following	g:	
Ryan Featherstone			
Name of Person		_	
Dunlap Moran			
Firm/Company		_	
22 S. Links Ave., Suite 300			
Address		-	20
Sarasota, FL 34236			2022 MPR 18 95-95-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5
City/State and Zip Code		_	20 (24
rfeatherstone@dunlapmoran.com			
E-mail address: (to be used for future	annual report notification	on)	
For further information concerning this matter,	please call:		02
Ryan Featherstone	94] at (366-0115	
Name of Person	Area Code	_) Daytime Teleph	one 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

authority:	to section 605.0302(1), Florida Statutes, this limited liability company submits the following:	g statement of	
FIRST:	The name of the limited liability company is: GPG Limited, LLC		_
SECONI	D: The Florida Document Number of the limited liability company is:		- -
	The street address of the limited liability company's principal office is: 8481 Big Buck Lane		
	Sarasota, FL 34240		
	The mailing address of the limited liability company's principal office is: 8481 Big Buck Lane		
	Sarasota, FL 34240		
position	 This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise con the following: May execute an instrument transferring real property held in the name of the company a. Granted to: Philip Graber 		22 APR 18
	b. No authority granted to: Dorinda K. Graber	. A 1. cm m m m	NH 8: 02
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the comparation and to: Phillip Graber	any.	
	b. No authority granted to: Dorinda K. Graber		
Signatu	Philip Graber and Dorinda Typed or printed name o Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		