1100 152977

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COVER LETTER

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TO: " Registration Section Division of Corporations

, 8280, LLC

subject: _

,

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:

Denise Benson

Name of Person

Law Office of Bonnie A Brown

Firm/Company

514 Colorado Ave

Address

Stuart, FL 34994

City/State and Zip Code

me@barefootcapitalgroup.com

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

For further information concerning this matter, please call:

Denise Benson	772	221-9024	
	at ()		
Name of Person	Area Code	Daytime Telephone Numbe	

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E138 (2/14)

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

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H. HSIGH I

FIRST: The name of the limited liability company is: 8280, LLC

			. L/0000152977
SECOND:	The Florida Document	Number of the limited liability	company is:

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

350 Jim Moran Blvd

Ste 200

Deerfield Beach, Florida 33442

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

350 Jim Moran Blvd

Ste 200

Deerfield Beach, Florida 33442

17 NOV -9 PH FOURTH: This statement of authority grants or sets limitations of authority on an personal method in a specific position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific of the set of t FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or 🔊

- 1. May execute an instrument transferring real property held in the name of the company.
 - a. Granted to: James Pearce

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 : James	s Pearce		
			······································
b. No authority granted	to:		
			James Pearce
Signature of authorized representative	**		Typed or printed name of signature
	Filing Fee:	\$25.00	
-	Certified Copy:	\$30.00 ((optional)

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