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COVER LETTER

TO: Registration Section Division of Corporations			
111 Canal Blvd, LLC			
SUBJECT: Name of Lin	nited Liability Compan	y	
Dear Sir or Madam:			
The enclosed Statement of Authority and fee(s) are s	submitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
Heather M. Reynolds, Esq.			
Name of Person			
Hathaway & Reynolds, PLLC			
Firm/Company			
50 A1A North, Ste 108			
Address			
Ponte Vedra Beach, FL 32082		, , ,	
City/State and Zip Code	- · · ·	3	
hmreynolds@pvtitle.com		<i>;</i>	
E-mail address: (to be used for future annua	al report notification)		
For further information concerning this matter, pleas	e call;	ń	
Heather M. Reynolds	904 5	53-3898	
Name of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	P.O. Box 63	Section Corporations 27	
2661 Executive Center Circle	Tallahassee, Florida 32314		

CR2E138 (2/14)

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the authority:	
FIRST: The name of the limited liability company is: 111 Canal Blvd, LLC	~
SECOND: The Florida Document Number of the limited fiability company is: L1700017	8846
THIRD: The street address of the limited liability company's principal office is: 504 1st Avenue S	- 3.
Jacksonville Beach, FL 32250	<u>.</u> .
The mailing address of the limited liability company's principal office is: 504 1st Avenue S	
Jacksonville Beach, FL 32250	₹ 7
FOURTH: This statement of authority grants or sets limitations of authority on all persons I position of a person in a company, whether as a member, transferee, manager, officer or othe person on the following: 1. May execute an instrument transferring real property held in the name of the coal. a. Granted to: Heather M. Reynolds	erwise or to a specific ompany.
b. No authority granted to:	
2. May enter into other transactions on behalf of, or otherwise act for or bind, the a. Granted to: Heather M. Reynolds	company.
b. No authority granted to:	
Benjamin.A. Gro	oshell
Signature of authorized representative Typed or printed in Filing Fee: \$25.00	ame of signature

Certified Copy: \$30.00 (optional)

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