117000262928

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COVER LETTER

TO: Registration Section Division of Corporations			
Development Manageme	nt Company, LLC		
	of Limited Liability Com	pany	
Dear Sir or Madam:			
The enclosed Statement of Authority and fee(s)	are submitted for filing.		
Please return all correspondence concerning this	is matter to the following	:	
Whalen J. Kuller			
Name of Person			
Hartman Simons & Wood, LLP			
Firm/Company			
6400 Powers Ferry Road NW, Suite	e 400		
Address			
Atlanta, Georgia 30339			
City/State and Zip Code			
whalen.kuller@hartmansimons.com	1		
E-mail address: (to be used for future	annual report notification	1)	
For further information concerning this matter.	please call:		
Whalen Kuller	770	951-6586	
Name of Person	at (at (Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registrat Division P.O. Box	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited authority:	lliability company submits the following statement of
FIRST: The name of the limited liability company is:	
Development Management Company, LLC	
SECOND: The Florida Document Number of the limited lia	bility company is: L17000262928
THIRD: The street address of the limited liability company' 800 Vanderbilt Beach Road	s principal office is:
Naples, Florida 34108	s principal office is:
The mailing address of the limited liability compares 800 Vanderbilt Beach Road	ny's principal office is:
Naples, Florida 34108	<u> </u>
FOURTH: This statement of authority grants or sets limitati position of a person in a company, whether as a member, transperson on the following: 1. May execute an instrument transferring real pro a. Granted to: Ann Tomlinson	perty held in the name of the company.
b. No authority granted to: Joshua L.	Lippert
2. May enter into other transactions on behalf of, of a. Granted to:	or otherwise act for or bind, the company.
b. No authority granted to:	Lippert
Mulmu	Whalen J. Kuller
Signature of authorized representative Filing Fee: Certified Copy:	Typed or printed name of signature \$25.00 (optional)

CR2E138 (2/14)