

L18000009186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

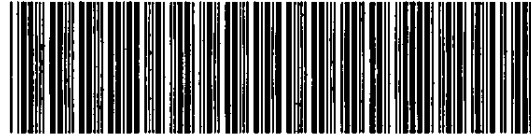
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Y SULKER  
APR 16 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 4742 GROVE STREET LLC

\_\_\_\_\_  
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:

ADAM SELIGMAN, ESQ.

\_\_\_\_\_  
Name of Person

WARD DAMON

\_\_\_\_\_  
Firm/Company

4420 BEACON CIRCLE

\_\_\_\_\_  
Address

WEST PALM BEACH, FLORIDA 33407

\_\_\_\_\_  
City/State and Zip Code

ASELIGMAN@WARD DAMON.COM

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

For further information concerning this matter, please call:

ADAM SELIGMAN

at ( 561 ) 842-3000

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**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

STATEMENT OF AUTHORITY

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

**FIRST:** The name of the limited liability company is: 4742 GROVE STREET LLC

**SECOND:** The Florida Document Number of the limited liability company is: L18000009186

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

7 LAGOMAR ROAD

PALM BEACH, FL 33480

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

7 LAGOMAR ROAD

PALM BEACH, FL 33480

**FOURTH:** This statement of authority grants or sets limitations of authority on all persons having the status of position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

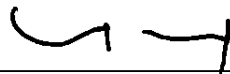
a. Granted to: N/A

b. No authority granted to: sell, mortgage or encumber properties

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: STEPHEN NIX  
(leases, utilities, repair agreements and related matters)

b. No authority granted to: sell, mortgage or encumber properties

  
Signature of authorized representative

MATHIEU P ROSINSKY

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)