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K. SALY APR 3 0 2018

COVER LETTER

TO: Registration Section Division of Corporations	5
SUBJECT: 1099 Nelson's Walk, LLC	. •
Name of L	Limited Liability Company
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are	e submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Bradley D. Bryant, Esq.	
Name of Person	
Bryant Law Office	
Firm/Company	
4851 Tamiami Trail North	
Address .	
Naples, FL 34103	
City/State and Zip Code	
bbryant@naples-law.com	
E-mail address: (to be used for future an	nual report notification)
For further information concerning this matter, ple	ease call:
Bradley D. Bryant, Esq.	239 566-1001
Name of Person	Area Code Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	1 minimoseo, 2 minim 32317

CR2E138 (2/14)

STATEMENT OF AUTHORITY

IRD: The street address of the limited liability company's principal office is: 1099 Nelson's Walk Naples, FL 34102 The mailing address of the limited liability company's principal office is: c/o Fuller Financial Management, LLC PO Box 247 Swampscott, MA 01907 URTH: This statement of authority grants or sets limitations of authority on all persons having the state tion of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific company.	100 SECRITARY OF STORIOS
Naples, FL 34102 The mailing address of the limited liability company's principal office is: c/o Fuller Financial Management, LLC PO Box 247 Swampscott, MA 01907 URTH: This statement of authority grants or sets limitations of authority on all persons having the state tion of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a spon on the following: 1. May execute an instrument transferring real property held in the name of the company.	SECRETARY OF STORIOR
1099 Nelson's Walk Naples, FL 34102 The mailing address of the limited liability company's principal office is: c/o Fuller Financial Management, LLC PO Box 247 Swampscott, MA 01907 URTH: This statement of authority grants or sets limitations of authority on all persons having the statt tion of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a spon on the following: 1. May execute an instrument transferring real property held in the name of the company.	SECRETARY OF PLOBING
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Swampscott, MA 01907 URTH: This statement of authority grants or sets limitations of authority on all persons having the statt tion of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a spon on the following: 1. May execute an instrument transferring real property held in the name of the company.	SSEE FLORIDA
Swampscott, MA 01907 URTH: This statement of authority grants or sets limitations of authority on all persons having the statt tion of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a spon on the following: 1. May execute an instrument transferring real property held in the name of the company.	
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URTH: This statement of authority grants or sets limitations of authority on all persons having the state tion of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a spon on the following: 1. May execute an instrument transferring real property held in the name of the company.	
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: Bradley D. Bryant	
b. No authority granted to:	
Bradley D. Bryant	
Typed or printed name of signature of authorized representative Filing Fee: \$25.00 (optional)	