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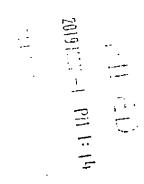
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Statement of Auth

MAY 1 1 2019

I ALBRITTON

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT	CREEK PRESERVE DEVELOPM	MENT, LLC	
30031.01	Name of Limited	Liability Comp	oany
Dear Sir or	Madam:		
The enclose	ed Statement of Authority and fee(s) are subm	itted for filing.	
Please retur	n all correspondence concerning this matter to	the following:	
JEFFER	Y S. HILLS		
	Name of Person		
CREEK	PRESERVE DEVELOPMENT, LLC		
-	Firm/Company		
111 S. A	RMENIA AVE.; SUITE 201		
	Address		
TAMPA,	FL 33609		
	City/State and Zip Code		
BROSE	@EISENHOWERPROPERTYGRO	UP.COM	
E-	-mail address: (to be used for future annual rep	ort notification)
For further	information concerning this matter, please cal	l:	
JEFFER	Y S. HILLS	813	363-4888
	Name of Person	Area Code	Daytime Telephone Number
co	CDEET/CAUDIED ANDRESS.	31 S D T S	C ADDRESS.

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

authority:	on 605.0302(1), Florida Statutes, this			•
FIRST: The na	me of the limited liability company is:	CREEK PRESE	RVE DEVELOPM	MENT, LLC
SECOND: The	Florida Document Number of the lim	ited liability company	is:_L18000121310	
	reet address of the limited liability cor S. Armenia Ave., Suite 201	npany's principal offic	e is:	
Tamp	ea, FL 33609			
	nailing address of the limited liability of a Armenia Ave.; Suite 201	company's principal of	fice is:	
Tamp	a, FL 33609			
oosition of a pers person on the fol	s statement of authority grants or sets I son in a company, whether as a membe lowing: y execute an instrument transferring re a. Granted to: NICHOLAS J. D	er, transferee, manager.	, officer or otherwise o	r to a specific
	b. No authority granted to:			2019 () -1 PH 1:1
2. Ma	a. Granted to:	alf of, or otherwise act	for or bind, the compar	ry.
	b. No authority granted to:			
h	SIN	JEFf	FERY S. HILLS	
ignature of author	orized representative Filing Fee Certified		ed or printed name of s	signature

CR2E138 (2/14)