

H18000165184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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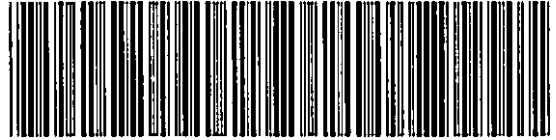
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIMMONS EAST, 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:

JEFFREY S. HILLS

Name of Person

Firm/Company

111 S. ARMENIA AVE., STE. 201


Address

TAMPA, FL 33609

City/State and Zip Code

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

For further information concerning this matter, please call:

 _____ at (813) 363-4888
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: SIMMONS EAST, LLC

SECOND: The Florida Document Number of the limited liability company is: L18000165184

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

111 S. ARMENIA AVE., STE. 201

TAMPA, FL 33609

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

111 S. ARMENIA AVE., STE. 201

TAMPA, FL 33609

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or 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: NICHOLAS J. DISTER

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: NICHOLAS J. DISTER

b. No authority granted to: _____

Jeffery S. Hines
Signature of authorized representative

X
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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