

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BRANT,REITER,MCCORMICK & JOHNSON,P.A.
Account Number : I20040000043
Phone : (904)358-2750
Fax Number : (904)353-1166

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jdmccormick@barnjlaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AMELIA RIVER RESORT DEVELOPMENT, LLC**

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMELIA RIVER RESORT DEVELOPMENT, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAN D. MCCORMICK, ESQ.

Name of Person

BRANT REITER MCCORMICK & JOHNSON PA

Firm/Company

135 WEST BAY STREET, SUITE 400

Address

JACKSONVILLE, FL 32202

City/State and Zip Code

jdmccormick@barmjlaw.com

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

For further information concerning this matter, please call:

JAN D. MCCORMICK, ESQ.

Name of Person

904

Area Code

358-2750

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

CR2E138 (2/14)

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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: AMELIA RIVER RESORT DEVELOPMENT, LLC

SECOND: The Florida Document Number of the limited liability company is: L18000170041

THIRD: The street address of the limited liability company's principal office is:
960194 GATEWAY BLVD.
SUITE 203
AMELIA ISLAND, FL 32034

The mailing address of the limited liability company's principal office is:
960194 GATEWAY BLVD.
SUITE 203
AMELIA ISLAND, FL 32034

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.

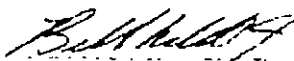
a. Granted to: STEPHEN M. LEGGETT and
WILLIAM G. RIDDELL, JR.

b. No authority granted to: STEVEN B. HIGHFILL

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

a. Granted to: STEPHEN M. LEGGETT and
WILLIAM G. RIDDELL, JR.

b. No authority granted to: STEVEN B. HIGHFILL


Signature of authorized representative

BILL RIDDELL
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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