# L2000 139862

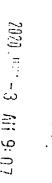
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#### **COVER LETTER**

Divi	sion of Corporations		
SUBJECT:	SIMMONS EAST DEVELOPMENT, L	LC	
SUBJECT	Name of Limite	d Liability Comp	any
Dear Sir or N	ladam:		1
The enclosed	Statement of Authority and fee(s) are subr	nitted for filing.	Effective
Please return	all correspondence concerning this matter	to the following:	Effective 6/2/202
BRIAN RC	OSE		0/-/
	Name of Person		
SIMMONS	EAST DEVELOPMENT, LLC		
	Firm/Company	··········	
111 S. AR	MENIA AVE.; SUITE 201		
	Address		
TAMPA, F	L 33609		
	City/State and Zip Code		
BROSE@I	EISENHOWERPROPERTYGROUP.COM		
E-ır	ail address: (to be used for future annual re	port notification)	)
For further in	formation concerning this matter, please ea	ill:	
BRIAN RO	a	813 u ()	610.3043
	Name of Person	Area Code	Daytime Telephone Number

## Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

### **Street Address:**

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO:

Registration Section

#### STATEMENT OF AUTHORITY

TRST:	The name of the limited liability	company is: SIMMONS E	AST DEVELOPMENT, LLC	
ECONI	D: The Florida Document Numb	er of the limited liability com	L20000139862	
HIRD:	The street address of the limited 111 S. ARMENIA AVE.	liability company's principa	l office is:	Effec 6/2/
•	SUITE 201			
	TAMPA, FL 33609			6/2-1
	The mailing address of the limi	ted liability company's princ		
•	SUITE 201			
•	TAMPA, FL 33609		,	
	a. Granted to: NICH	OLAS J. DISTER		
	b. No authority grante	d to:		
;		HOLAS I DISTED	ise act for or bind, the compar	ny.
	b. No authority grante	d to:		
	M		JEFFERY S. HILLS	
Signature	of authorized representative	Filing Fee: \$25.00 Certified Copy: \$30.00 (	Typed or printed name of s	ignature

CR2E138 (2/14)