Florada Department of State Electronic Filling Cover Shee

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702

Phone : (407)841-1200

Fax Number : (407)423-1831

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

Email Address: jvoss@tavistock.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRILEY HOLDINGS, LLC

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M. SOLOMON

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STATEMENT OF AUTHORITY	
ursuant to section 60 uthority:	5.0302(1), Florida Statutes, this limited liability company submits the following statement of
IRST: The name of	the limited liability company is:
Briley Holdings, LLC	
ECOND: The Flori	da Document Number of the limited liability company is: <u>L21000120472</u>
HIRD: The street a	ddress of the limited liability company's principal office is:
Oakland, FL	
	g address of the limited liability company's principal office is:
Windermere	, FL 34786
	,
osition of a person in person on the followi	ement of authority grants or sets limitations of authority on all persons having the status or n a company, whether as a member, transferee, manager, officer or otherwise or to a specific ng: ecute an instrument transferring real property held in the name of the company. David P. Barker Granted to:
ь.	No authority granted to:
2. May er	nter into other transactions on behalf of, or otherwise act for or bind, the company.
a.	Granted to:
b.	No authority granted to:

Signature of authorized representative

Jefferson R. Voss, Manager

Typed or printed name of signature

Filing Fee:

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

CR2E138 (2/14)

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