L21000440939

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
· -				
Special Instructions to Filing Officer:				
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D. BRUCE OCT 28 2021

COVER LETTER

то:	Registration Section Division of Corporations
	TWO RIVERS

TWO RIVERS DEVE SUBJECT:	LOPMENT W, LLC		
	ame of Limited Liability Co	ompany	
Dear Sir or Madam:			
The enclosed Statement of Authority and	fee(s) are submitted for filin	g.	
Please return all correspondence concerning	ng this matter to the following	ng:	
BRIAN ROSE		- Ett. - 10-11-	.11
Name of Person		_ /0-//-	2-1
TWO RIVERS DEVELOPMENT W, LL	c		
Firm/Company		_	
111 S. ARMENIA AVE.; SUITE 201			
Address		_	
TAMPA, FL 33609			
City/State and Zip Code		_	
brose@eisenhowerpropertygroup.com			
E-mail address: (to be used for fu	iture annual report notificat	ion)	
For further information concerning this ma	atter, please call:		SECI A
Brian Rose	813	610-3043	المارية المارية

Mailing Address:

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

Name of Person

Street Address:

Area Code

Registration Section

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Daytime Telephone Number :

CR2E138 (2/14)

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: _____ TWO RIVERS DEVELOPMENT W, LLC SECOND: The Florida Document Number of the limited liability company is: 1.21000440939 THIRD: The street address of the limited liability company's principal office is: 111 S. ARMENIA AVE. SUITE 201 TAMPA, FL 33609 The mailing address of the limited liability company's principal office is: 111 S. ARMENIA AVE. SUITE 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. NICHOLAS J. DISTER b. No authority granted to: May enter into other transactions on behalf of, or otherwise act for or bind, the company. Granted to: NICHOLAS J. DISTER b. No authority granted to:

JEFFERY S. HILLS

Signature of authorized representative

Typed or printed name of signature

Filing Fee:

\$25.00

Certified Copy: \$30.00 (optional)

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