## L21000448103

	1}
	(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:
,	
	Office Use Only



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C. BRUMBLEY NOV - 5 2021

## COVER LETTER

TO: Registration Section Division of Corporations		,	,
Vacay Village of Pens	sacola LLC		
SUBJECT:	Name of Limite	d Liability Com	pany
Dear Sir or Madam:			
The enclosed Statement of Authorit	ty and fee(s) are sub-	mitted for filing.	
Please return all correspondence co	ncerning this matter	to the following	;
Judith Brown			
Name of P	erson		
Sutherland Brown Management I.1	C		
Firm/Com	pany		
100 Shoreline Drive			
Address			•
Lake Placid, FL 33852			
City/State and Zi	p Code		•
CharlesESutherland@gmail.com			
E-mail address: (to be use	d for future annual r	eport notification	n)
For further information concerning	this matter, please c	all:	
Charles E. Sutherland		214 at (	232-7995
Name of Person		Area Code	Daytime Telephone Number
<b>Mailing Address:</b>			Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E138 (2/14)

## STATEMENT OF AUTHORITY

FIRST:	The name of the limited liability company is: Vacay Village of Pensacola LLC
SECON	D: The Florida Document Number of the limited liability company is: L21000448103
	The street address of the limited liability company's principal office is: c/o Sutherland Brown Management LLC
	100 Shoreline Drive
	Lake Placid, FL 33852
	The mailing address of the limited liability company's principal office is: c/o Charles E Sutherland
	PO Box 110956
	Carrollton, TX 75011-0956
	of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific in the following:  1. May execute an instrument transferring real property held in the name of the company.  a. Granted to:    Judith Brown   State   State
	b. No authority granted to: N/A 267 7
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.  a. Granted to: Judith Brown
	b. No authority granted to: N/A
Men	Charles E Sutherland
Signatur	e of authorized representative  Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)
CR2E13	8 (2/14)