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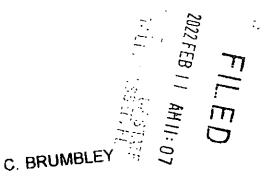
(Re	questor's Name)		
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COVER LETTER

	istration Section sion of Corporations		
SUBJECT:	WLT Gretna LLC		
SOBILCT.	Name of L	imited Liability Cor	nipany
Dear Sir or N	ladam;		
The enclosed	Statement of Authority and fee(s) are	submitted for filing	į.
Please return	all correspondence concerning this m	atter to the followin	g;
W. F. Va	assar, Jr.		
	Name of Person		
Wilton L	l.C		
	Firm/Company		_
PO Box	320042		
	Address		_
Tampa, I	FL 33679		
	City/State and Zip Code		_
mail@w	iltonlle.com		
E-m	nail address: (to be used for future ann	ual report notification	on)
For further in	dormation concerning this matter, ple	ase call:	
W. F. Va	assar, Jr.	813	601-4246
	Name of Person	at (Area Code	Daytime Telephone Number
<u> Ma</u>	iling Address:		Street Address:
Reg	gistration Section		Registration Section
	rision of Corporations D. Box 6327		Division of Corporations The Centre of Tallahassee
	lahassee, FL 32314		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited authority:	liability company submits the following statement of
FIRST: The name of the limited liability company is:W	'LT Gretna LLC
SECOND: The Florida Document Number of the limited liah	L21000532609 bility company is:
THIRD: The street address of the limited liability company's c/o Stuart C. Angelo	
201 E. Kennedy Blvd Suite 1620	
Tampa, FL 33602	
The mailing address of the limited fiability compan PO Box 320042	y's principal office is:
Tampa, FL 33679	
FOURTH: This statement of authority grants or sets limitation position of a person in a company, whether as a member, transperson on the following: 1. May execute an instrument transferring real propagation. a. Granted to: W. F. Vassar Jr.	steree, manager, officer or otherwise or to a specific perty held in the name of the company.
b. No authority granted to:	ILED ILED
May enter into other transactions on behalf of, of a. Granted to: W. F. Vassar Jr.	or otherwise act for or bind, the company.
b. No authority granted to:	
W.F. Variag L	W. F. Vassar Jr.
Signature of authorized representative Filing Fee: Certified Copy:	Typed or printed name of signature \$25.00 \$30.00 (optional)