

h77000155837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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(Business Entity Name)

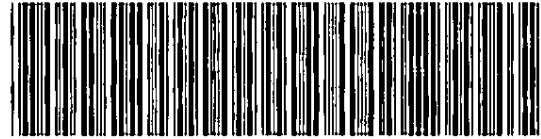
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SECRETARY OF STATE
TALLAHASSEE, FL

TO: Registration Section
Division of Corporations

SUBJECT: _____
Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

E-mail address: (to be used for future annual report notification)

Daytime Telephone Number

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

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: HILLCREST PRESERVE HOLDINGS, LLC

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SECRETARY OF STATE
TALLAHASSEE, FL

SECOND: The Florida Document Number of the limited liability company is: L22000155837

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.

a. Granted to: NICHOLAS J. DISTER

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: NICHOLAS J. DISTER

b. No authority granted to: _____


Signature of authorized representative

JEFFERY S. HILLS

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)