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COVER LETTER

TO: Registration Section Division of Corporations

CC BURNT SUBJECT:	STORE 2, LLC	
SUBJEX.1.	Name of Limited Liabil	lity Company
Dear Sir or Madam:		
The enclosed Statement of Auth	ority and fee(s) are submitted fo	or filing.
Please return all correspondence	concerning this matter to the fo	<i>P11</i>
BRIAN ROSE		- 6-21-2022
Name o	of Person	- 6-C1-COCC
CC BURNT STORE 2, LLC		
Firm/C	ompany	
HI S. ARMENIA AVE.: SUIT	'E 201	
Addr	ess	
TAMPA, FL 33609		
City/State and	Zip Code	
brose@eisenhowerpropertygrou	ıp.com	
E-mail address: (to be	used for future annual report no	tification)
For further information concern	ing this matter, please call:	
Brian Rose	813 at (610-3043
Name of Perso	\ <u> \</u>	a Code Daytime Telephone Number

Mailing Address:

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

Street Address:

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

STATEMENT OF AUTHORITY

authority			5	vinem or
FIRST:	The name of the limited liability company is: CC B	ORNI STORE 2, LLC		
SECON	D: The Florida Document Number of the limited lial	oility company is:		
THIRD	: The street address of the limited liability company's 111 S. ARMENIA AVE.	s principal office is:		2022
	SUITE 201)
	TAMPA, FL 33609		_	1 12
	The mailing address of the limited liability companies of the limited liability companies.	y's principal office is:	112	2022 JUT 24 PN 3:01
	SUITE 201		_	_
	TAMPA, FL 33609		_	
	May execute an instrument transferring real prop a. Granted to: NICHOLAS J. DISTER		my. 	
	b. No authority granted to:		_	
	2. May enter into other transactions on behalf of, of a. Granted to: NICHOLAS J. DISTER	or otherwise act for or bind, the con	npany.	
	b. No authority granted to:		~ ~ –	
	X1	JEFFERY S. HILLS		
Signatur	e of authorized representative Filing Fee: Certified Copy:	Typed or printed name \$25.00 \$30.00 (optional)	of signat	ure

CR2E138 (2/14)