122 000 423626

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phor	e #)
PICK-UP WAIT	MAIL MAIL
(Business Entity Na	nne)
(Document Number	
Certified Copies Certificate	s of Status
Special Instructions to Filing Officer:	
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10/12/22--01020--001 **80.00

COVER LETTER

TO:	Registration Section Division of Corporat				
SUBJE		TATION RD., LLC			
		Name of Limited Liability Con	ipany		
Dear Si	r or Madam:				
The enc	losed Statement of Au	thority and fee(s) are submitted for filing			
Please r	eturn all corresponden	ce concerning this matter to the following	g:		
BRIAN	rose		Ett. 9-30-22		
	Name	of Person	9-30-22		
BROW	N STATION RD., LL	c	, 🕠		
	Firm	Company	.	2	_
111 S.	ARMENIA AVE.; SU	TE 201		22 001 12	
	Ad	dress	•		V 4 .
TAMP.	A. FL 33609			AH	; ;
	City/State a	nd Zip Code	-	က်	
brose@	eisenhowerpropertygr	bup.com		61	
	E-mail address: (to b	e used for future annual report notificatio	n)		
For furt	her information conce	ming this matter, please call:			
Brian R	Rose	813 at (610-3043		
	Name of Pe		Daytime Telephone Number		
	Mailing Address		Street Address:		
	Registration Secti		Registration Section		
	Division of Corpo		Division of Corporations		
	P.O. Box 6327		The Centre of Tallahassee		
	Tallahassee, FL 3	2314	2415 N. Monroe Street, Suite 8	10	

Tallahassee, FL 32303

CR2E138 (2/14)

STATEMENT OF AUTHORITY

Pursuant to section 605.0302 authority:	2(1), Florida Statutes, this limited liability company submits the following statement of	
FIRST: The name of the li	mited liability company is: BROWN STATION RD., LLC	
SECOND: The Florida Doo	cument Number of the limited liability company is:	
THIRD: The street address	of the limited liability company's principal office is: AVE.	
SUITE 201		
TAMPA, FL 3360	9	
The mailing addre	ess of the limited liability company's principal office is:	
SUITE 201		
TAMPA, FL 3360	9	
position of a person in a comperson on the following: 1. May execute a	of authority grants or sets limitations of authority on all persons having the status or apparent, whether as a member, transferee, manager, officer or otherwise or to a specific in instrument transferring real property held in the name of the company. NICHOLAS J. DISTER	
b. No au	thority granted to: 22 OCT	171-105 1
-	or other transactions on behalf of, or otherwise act for or bind, the company. NICHOLAS J. DISTER 5	
b. No au	thority granted to:	= "
	JEFFERY S. HILLS	
Signature of authorized rep	esentative Typed or printed name of signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	

CR2E138 (2/14)