

L 23000087259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

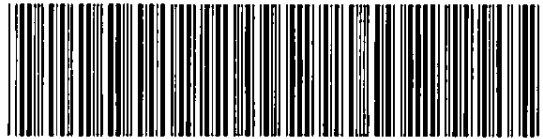
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LILAC VILLAGE PHASE 2 LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VICTOR NOVOGRODZKY

Name of Person

LILAC VILLAGE PHASE 2 LLC

Firm/Company

15897 DOUBLE EAGLE TRAIL

Address

DELRAY BEACH, FL 33446

City/State and Zip Code

victor@novowins.com

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

For further information concerning this matter, please call:

VICTOR NOVOGRODZKY 908 347-6007
Name of Person at () Area 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

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: LILAC VILLAGE PHASE 2 LLC

SECOND: The Florida Document Number of the limited liability company is: L23000087259

THIRD: The street address of the limited liability company's principal office is:
15897 DOUBLE EAGLE TRAIL

DELRAY BEACH, FL 33446

The mailing address of the limited liability company's principal office is:
15897 DOUBLE EAGLE TRAIL

DELRAY BEACH, FL 33446

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.

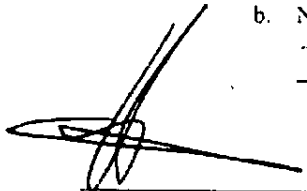
a. Granted to: _____

b. No authority granted to: _____
TROY MCKENNA

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

a. Granted to: _____

b. No authority granted to: _____
TROY MCKENNA


Signature of authorized representative

VICTOR NOVOGRODZKY

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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