# L23000376227

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PłCK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





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#### **COVER LETTER**

TO:	Registration Section Division of Corporations							
SUBJE	CT: KL SIMMONS VILLAGE, LLC  Name of Limited Liability Company							
Dear Si	or Madam:							

Please return all correspondence concerning this matter to the following:

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

BRIAN ROSE	
Name of Person	
KL SIMMONS VILLAGE, LLC	
Firm/Company	
111 S. ARMENIA AVE.; SUITE 201	
Address	
TAMPA, FL 33609	
Chultura and The Code	

City/State and Zip Code

brose@eisenhowerpropertygroup.com

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

For further information concerning this matter, please call:

Brian Rose at (\_\_\_\_\_\_)
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 authority		2(1), Florida St	atutes, this limite	d liability	company submits the fo	llowing stat	ement o	f
FIRST:	The name of the li	mited liability o	company is: KL	SIMMONS	S VILLAGE, LLC			
SECON	<b>D:</b> The Florida Do	cument Numbe	r of the limited li	iability con	npany is:	7		
THIRD	: The street address		liability company	y`s principa	al office is:			
	SUITE 201			-				
	TAMPA, FL 3360	9						
	The mailing add		ed liability comp	any's princ	cipal office is:			
	SUITE 201							
	TAMPA, FL 3360	9						
	n the following:  1. May execute a	n instrument tra	ansferring real pr	operty held	anager, officer or otherw	4	2023 NOV 21	T
	b. No a	uthority granted	l to:			OF STATE E.FLORIDA	AH 8: 15	
			ions on behalf of DLAS J. DISTER		rise act for or bind, the c	ompany.		
	b. No a	uthority granted	to:	-				
	X		_		JEFFERY S. HILLS			
Signatur	e of authorized rea	resentative	Filing Fee: Certified Cop	\$25.00 y: \$30.00	Typed or printed nar (optional)	ne of signat	ure	

CR2E138 (2/14)

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