

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

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations

| SUBJECT:      | JSH PALMETTO RIDGE DEVELOPM                | MENT, LLC            |                          |
|---------------|--|----------------------|--------------------------|
| SUBJECT:      | Name of Lim                                | ited Liability Com   | pany                     |
| Dear Sir or l | vladam:                                    |                      |                          |
| The enclosed  | d Statement of Authority and fee(s) are st | abmitted for filing. |                          |
| Please return | all correspondence concerning this matt    | er to the following  | <u>;</u> :               |
| BRIAN RO      | SE   |                      |                          |
|               | Name of Person                             |                      | -                        |
| JSH PALN      | METTO RIDGE DEVELOPMENT, LLC               |                      |                          |
|               | Firm/Company                               |                      | •                        |
| 111 S. ARM    | IENIA AVE.; SUITE 201                      |                      |                          |
|               | Address                                    |                      | -                        |
| TAMPA, F      | L 33609                                    |                      |                          |
|               | City/State and Zip Code                    |                      | -                        |
| brose@eise    | nhowerpropertygroup.com                    |                      |                          |
| E-r           | nail address: (to be used for future annua | l report notificatio | n)                       |
| For further i | nformation concerning this matter, please  | e call:              |                          |
| Brian Rose    |  | 813<br>at (          | 610-3043                 |
|               | Name of Person                             |                      | 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: JSH PALMETTO RIDGE DEVELOPMENT, LLC FIRST: The name of the limited liability company is: SECOND: The Florida Document Number of the limited liability company is: L23000547878 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. Granted to: NICHOLAS J. DISTER b. No authority granted to: JEFFERY S. HILLS Typed or printed name of signature Signature of authorized representative

Filing Fee:

\$25.00 Certified Copy: \$30.00 (optional)

CR2E138 (2/14)