

LETTER OF AUTHORIZATION

THIS IS TO CERTIFY that I represent the owner of the lands described in the attached petition for approval of a Plat named "**NEW RIVER SOUND**", a property that currently contains a parking lot with no known address, located on the west side of Seabreeze Boulevard, approximately 300 ft. north of SE 5th Street, and further identified by Folio numbers 504212010081 and 504212010110. As such, I have authorized the firm of **Pulice Land Surveyors, Inc.** to act as the Agent in all matters concerning said application process involving the subject property.



Signature

Daniel Hansen

PRINT NAME

13215 Bee Cave Parkway, Suite B-300, Austin, Texas 78738

Mailing Address, City, State, Zip

(512) 538-2300


Telephone

State of: TEXAS

County of: TRAVIS

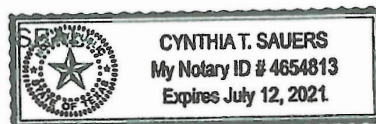
Sworn to and subscribed before me Daniel Hansen,
this 9th day of January, 20 19, who is personally known to me [☒]

OR produced identification [☐]:


Notary Public

Cynthia T. Sauers
Print name

My Commission expires: July 12, 2021



2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000004048

Entity Name: SUMMIT HOSPITALITY 134, LLC

Current Principal Place of Business:

13215 BEE CAVE PARKWAY
SUITE B-300
AUSTIN, TX 78738

Current Mailing Address:

13215 BEE CAVE PARKWAY
SUITE B-300
AUSTIN, TX 78738 US

FEI Number: 37-1790444

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MBR
Name SUMMIT HOTEL TRS, INC.
Address 13215 BEE CAVE PARKWAY
SUITE B-300
City-State-Zip: AUSTIN TX 78738

Title P
Name HANSEN, DAN
Address 13215 BEE CAVE PARKWAY
SUITE B-300
City-State-Zip: AUSTIN TX 78738

Title S
Name ENG, CHRIS
Address 13215 BEE CAVE PARKWAY
SUITE B-300
City-State-Zip: AUSTIN TX 78738

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRIS ENG

SECRETARY

01/31/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date