CFN 2019206149, OR BK 8543 Page 1147, Recorded 09/20/2019 at 12:26 PM Scott Ellis, Clerk of Courts, Brevard County Doc. D: \$448.00



Prepared by and return to:
Dawson Law P.A.
Penny W. Bell
Mailing address only:
3683 S. Sherwood Circle
Cocoa, Florida 32926
Parcel ID Number 22-35-15-51-V-104



\$64,000.00 - sales price

General Warranty Deed

This General Warranty Deed, made effective on August 27, 2019, A.D. By Walnut Old Grove Capital, LLC a/k/a Walnut Old Grove Capitall LLC Group, whose post office address is 1005 E Las Tunas Drive #263, San Gabriel, CA 91776 ("Grantor"), to John E. Simpson and Debra M. Simpson, husband and wife, whose post office address is 1825 Vista Cove Road, Saint Augustine, FL 32084 ("Grantee"):

(Whenever used herein the term "Grantor" and "Grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

Witnesseth, that the Grantor, for and in consideration of the sum of Ten Dollars, (\$10.00) and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the Grantee, all that certain land ("Property") situate in Brevard County, Florida, viz:

Condominium Unit P, Building 9 of Villas at LaCita, a Condominium, according to The Declaration of Condominium recorded in O.R. Book 5566, Page 1659, and all exhibits and amendments thereof, Public Records of Brevard County, Florida.

Subject to comprehensive land use plans, zoning, and other land use restrictions, prohibitions and requirements imposed by governmental authority; restrictions and matters appearing on the Plat or otherwise common to the subdivision; unplatted public utility easements of record (located contiguous to real property lines and not more than 10 feet in width as to rear or front lines and 7-1/2 feet in width as to side lines); and taxes for the year 2019 and subsequent years.

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold, the same in fee simple forever.

And the Grantor hereby covenants with the Grantee that the Grantor is lawfully seized of the Property in fee simple; that the Grantor has good right and lawful authority to sell and convey the Property; that the Grantor hereby fully warrants the title to the Property and will defend the same against the lawful claims of all persons whomsoever; and that the Property is free of all encumbrances except taxes accruing subsequent to December 31, 2018.

In Witness Whereof, the Grantor has signed and sealed these presents the day and year first above

File Number 19-0055pb

DoubleTime®

written.

Signed, sealed and delivered in our presence:

Walnut Old Grove Capital LLC, a California limited liability company

Sean Zou, Manager

State of California Orange County of ____

The foregoing instrument was acknowledged before me this 28 day of August, 2019 by Sean Zou, Manager of Walnut Old Grove Capital LLC, a California limited liability company, on behalf of the limited liability company. He [] is personally known to me or [X] has produced a CADI # E2344068 driver's license as identification.

[Notary Seal]

See Attached Notary Acknowledgement Certificate OR See Attached Notary Jurat Certificate

Jariel J-Amiwa17 08/28/2021 Printed Name.

My Commission Expires:

CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

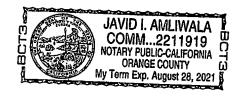
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of Carifornia	}
County of Orange	}
On <u>0억 2성 2019</u> before me,	Julia T. Amliwala Notany Pub
personally appeared	actory evidence to be the person(s) whose
name(s) is/are subscribed to the within	instrument and acknowledged to me that pr/their authorized capacity(ies), and that by
his/her/their signature(s) on the instrum- which the person(s) acted, executed the	ent the persen(s), or the entity upon behalf of
which the person(s) acted, executed the	s manument.
I certify under PENALTY OF PERJURY the foregoing paragraph is true and cor	under the laws of the State of California that rect.
WITNESS my hand and official seal.	JAVID I. AMI DUALA
VITALOS THY Hand and Unicial Seal.	COMM2211919 W NOTARY PUBLIC-CALIFORNIA OF ORANGE COUNTY
Notary Public Signature (No	My Term Exp. August 28, 2021 f
ADDITIONAL OPTIONAL INFORMATI	INSTRUCTIONS FOR COMPLETING THIS FORM ON This form comples with current California statutes regarding notary wording and,
DESCRIPTION OF THE ATTACHED DOCUMENT	if needed, should be completed and attached to the document Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary
(Title or description of attached document)	 State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment
(Title or description of attached document continued)	 Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed
Number of PagesDocument Date & 28 1 4	 The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public) Print the name(s) of document signer(s) who personally appear at the time of
CAPACITY CLAIMED BY THE SIGNER ☑ Individual-(s)	notarization • Indicate the correct singular or plural forms by crossing off incorrect forms (i.e., he/she/they, is/are) or circling the correct forms. Failure to correctly indicate this
☐ Corporate Officer	Information may lead to rejection of document recording The notary seal impression must be clear and photographically reproducible Impression must not cover text or lines. If seal impression smudges, re-seal if a
(Title) □ Partner(s)	sufficient area permits, otherwise complete a different acknowledgment form Signature of the notary public must match the signature on file with the office of the county clerk
☐ Attorney-ın-Fact ☐ Trustee(s) ☐ Other	 Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document Indicate title or type of attached document, number of pages and date
www NotaryClasses com 800-873-9865	 Indicate the capacity claimed by the signer If the claimed capacity is a corporate officer, indicate the title (i e CEO, CFO, Secretary) Securely attach this document to the signed document with a staple

AFFIDAVIT OF LIMITED LIABILITY COMPANY

State of California County of Orunge.				
BEFORE ME, the undersigned authority, personally appear by me, being first duly cautioned and sworn, deposes and s	ared Sean Zou formerly known as Xiaoping Zou ("Affiant"), who says:			
1. That Walnut Old Grove Capital LLC is a limited California ("Company"), effective March 10, 2011. See LI reference as Exhibit "A"	liability company organized under the laws of the State of LC information attached hereto and made a part hereof by			
That the Company is a manager-managed company, and Affiant, as manager, has authority to sign deeds, mortgages, and other instruments on behalf of the Company				
3. That if Affiant is the sole member of the company, Affiant hereby confirms that there are no creditors who have acquired or are attempting to acquire control of the Company by executing on or attaching or seizing Affiant's interest in the Company.				
4. That neither the Company nor any of its members are currently in bankruptcy and have not been a debtor in bankruptcy since becoming a member or manager of the Company				
5. That the Company is not one of a family or group of entities. If the Company is one of a family or group of entities, none of the other entities in this family or group of entities is a debtor in bankruptcy.				
6. That the property being conveyéd ("Property"), known as 3595 Sable Palm Lane, Building 9, Unit P, Titusville, FL 32780 does not constitute all or substantially all the assets of the Company and this conveyance is in the ordinary course of business of the Company.				
7. That Affiant makes this Affidavit realizing a policy of title insurance on Old Republic National Title Insurance Company may be issued on the Property.				
	Sean wi			
	Sean Zou formerly known as X1aoping Zou			
known as Xiaoping Zou, who is personally known to me or produced CADI # £234408Y as identification and did take an oath. Notary Public, State of California	A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. State of California, County of Orange Subscribed and sworn to (or affirmed) before me on this 28 day of APPLS 12014, by Sea 204 proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me. Signature (Seal)			

ATTACHMENT TO DEED





State of California Secretary of State

Limited Liability Company Articles of Organization

File # 201113810226

יין אור יונימט של זכונות יינים אי שניים,

In the Office of the Secretary of State of the State of California

LLC-1

MAR 1 0 2011

A \$70.00 filing fee must accompany this form.			
Important - Read instructions before completing this form.	This Space For Filing Use Only		
Entity Name (End the name with the words "Limited Liability Company," or the abbreviations "LLC" or "L.L.C." The words "Limited" and "Company" may be abbreviated to "Ltd " and "Co ," respectively)			
1 NAME OF LIMITED LIABILITY COMPANY WALNUT OLD GROVE CAPITAL, LLC	,		
Purpose (The following statement is required by statute and should not be altered.)			
2 THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWF COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMP			
Initial Agent for Service of Process (If the agent is an individual, the agent must reside the agent is a corporation, the agent must have on file with the California Secretary of State a 1505 and Item 3 must be completed (leave Item 4 blank).	e in California and both items 3 and 4 must be completed. If a certificate pursuant to California Corporations Code section		
3 NAME OF INITIAL AGENT FOR SERVICE OF PROCESS ALEX CHEN .			
4 IF AN INDIVIDUAL, ADDRESS OF INITIAL AGENT FOR SERVICE OF PROCESS IN CALIFOR	RNIA CITY STATE ZIP CODE		
328 10TH STREET STE 111, OAKLAND,	CA 94607		
Management (Check only one)			
5. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY:			
ONE MANAGER	1		
MORE THAN ONE MANAGER			
ALL LIMITED LIABILITY COMPANY MEMBER(S)			
Additional Information	,		
6 ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORP OF THIS CERTIFICATE.	PORATED HEREIN BY THIS REFERENCE AND MADE A PART		
Execution			
7 I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION	IS MY ACT AND DEED.		
03/08/11	AS		
DATE SIGNATURE OF ORGAN	ZER		
ALEX CHEN			
TYPE OR PRINT NAME O	DF ORGANIZER		
LLC-1 (REV 04/2010)	APPROVED BY SECRETARY OF STATE		

18-411691



27 LLC-12

FILED Secretary of State State of California

JUL 0 5 2018

This form can be filed online at hisfile see ca gov

Read instructions before completing this form.	sus.ca.gu	v.					
Filing Fee - \$20.00							
Copy Fees - First page \$1.00, each attachment page \$0.50; Certification Fee - \$5.00 plus copy fees				JF bove Space For Offic	e Use (Only	
1. Limited Liability Company Name (Enter the exact name of the L	LC If your	egistered in-Califo	mia using an a	ltemate name, see instruct	iens)	·	
WALNUT OLD GROVE CAPITAL LLC							
2. 12-Digit Secretary of State Entity (File) Number	3 State,	ForeignCount	ry or Place o	of Organization (only if f	ormed out	side of C	alifomia)
201113810226							
4. Business Addresses							
a Street Address of Principal Office - Do not list a P O Box		City (no abbrevi	ations)		State	Zlp Co	
19669 HIGHLAND TERRACE DR		WALNUT			CA	91789	}
b Mading Address of LLC, If different than I tem 4a		City (no abbrevi	ations)		State	Zıp Co	de
c Street Address of California Office, if Item 4a is not in California- Do not list	a P O. Box	City (no abbrevi	ations)		State CA	Zip Co	de
5. Manager(s) or Member(s) If no managers have been appoint must be listed. If the manager/mem an entity, complete items 5b and 5 has additional managers/members.	mber is an lin c (leave liem	dıvıdual, complete 5a blank) Note	items 5a and The LLC cann	5c (leave Item 5b blank) not serve as its own mana;	If the ma	mager/m	ember is
a First Name, if an individual - Do not complete Item 5b		Middle Name		Last Name	-		Suffix
SEAN				ZOU			
b Entity Name - Do not complete Hem 5a c Address		City (no abbrev	iations)		State	Zıp Co	ode
19669 HIGHLAND TERRACE DR		WALNUT CA		9178	9		
6 Service of Process (Must provide either Individual OR Corporal	tion }	'			 	<u></u>	
INDIVIDUAL - Complete items 6a and 6b only. Must include agent's	full name an	d Califorda.stree	t address				
a California Agent's First Name (if agent is not a corporation) SEAN		Middle Dame		Last Name ZOU			Suffix
b Street Address (if agent is not a corporation) - Do not enter a P.O. Box		City (no abbrev	nations)		State	Zıp Co	ode
19669 HIGHLAND TERRACE DR		WALNUT		CA	9178	€	
CORPORATION - Complete Item 6c only Only include the name of	the registers	d agent Corporat	lon		1	·	
c California Registered Corporate Agent's Name (if agent is a corporation) – D	o not complet	s Item 6a or 6b					
7. Type of Business Describe the type of business or services of the Limited Liability Company							
REAL ESTATE INVESTMENT							
8. Chief Executive Officer, if elected or appointed			- , .				
a FirstName		Middle∄Name		Last Name			Suffix
b Address		City (no abbrev	lations)	<u></u>	State	Zip Co	ode
The Information contained herein, including any attack	hments n	nade part of t	his docume	•		J	
06/28/2018 SEAN ZOU			MEMBER	<	La	n 7	Pou
Date Type or Print Name of Person Comp	leting the F	orm	Title	Signat	ure		

	Secretary of State Statement of No Change	LLC-12NC
CALIFORNIA	(Limited Liability Company)	
	 Read instructions before completing the if a complete Statement of Information hat 	

19-A10275

In the office of the Secretary of State of the State of California

JAN 08, 2019

Copy Fee - \$1 00;

Certification Fee - \$5 00 plus copy fee

This Space For Office Use Only

1. Limited Liability Company Name (Enter the exact name of the LLC as it is recorded with the California Secretary of State Note. If you registered in California using an alternate name, see instructions)

WALNUT OLD GROVE CAPITAL, LLC

2. 12-Digit Secretary of State File Number	State, Foreign Country or Place of Organization (only if formed outside of California)
201113810226	CALIFORNIA

4. No Change Statement (Do not alter the No Change Statement. If there has been any change, please complete a Statement of Information (Form LLC-12).)

There has been no change in any of the information contained in the previous complete Statement of Information filed with the California Secretary of State.

5. The informa	tion contained herein is true and correct.			
01/08/2019	XIAOPING ZOU	ceo		
Date	Type or Print Name of Person Completing the Form	Title	Signature	

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document, enter the name of a person or company and the mailing address. This information will become public when filed. (SEE INSTRUCTIONS BEFORE COMPLETING)

Name	Γ	1
Company:		
Address		
City/State/Zip	L	ٳ



Petition for Name Change

USCIS Form N-662

Department of Homeland Security U.S. Citizenship and Immigration Services

Name of Court
UNITED STATES DISTRICT COURT, CENTRAL DISTRICT OF CALIFORNIA Information About You (Petitioner) As part of the naturalization process, you have the opportunity to legally change your name Please complete Item Number lines 1 - 8. (Type or print clearly) 1. Full and Correct Name (Current Name) Family Name (Last Name) Given Name (First Name) Middle Namè XIAOPING ZOU 2. Mailing Address ZIP Code Street Number and Name City or Town State 91789-5364 19669 HIGHLAND TERRACE DR WALNUT 3. Country of Citizenship or Nationality Alien Registration Number (A-Number) 4. Date of Birth (mm/dd/yyyy) China 01/04/1964 A-060212040 🗵 I certify that I am not seeking a change of name for any unlawful purpose such as the avoidance of debt or evasion of law enforcement 7. I petition the court to change my name to. First Name Middle Name Last Name SEAN ZOU Signature and Date Signature of Petition (Use your current name) Date (mm/dd/yyyv) 04/09/2018 Certification of Name Change I certify that the above petition was granted by the court on this date, April 17, 2018 (maddd yyyy) Signature of Clerk Signature of Deputy Clerk CLERK, U.S DISTRICT COURT Important Information Your copy of this petition, along with your Certificate of Naturalization, which you will receive upon taking the eath of allegiance will verify that you elected to change your name. Your Certificate of Naturalization bears your new name as changed per order of the Form N-662 05/20/16