

L14000077597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

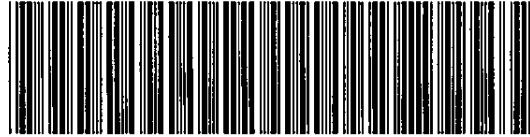
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Brien FEB 17 2015

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A Partnership of Attorneys
Including Professional Association

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1. Certified as Civil Trial Lawyer by the Florida Bar.
2. Certified by the Florida Supreme Court in Business Litigation.
3. Certified by the Florida Supreme Court in Family Mediation.
4. Certified by the Florida Supreme Court in Arbitration.
5. Certified by the Florida Supreme Court in Civil Mediation.
6. Certified by the Florida Supreme Court in Appellate Mediation.

February 6, 2015

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

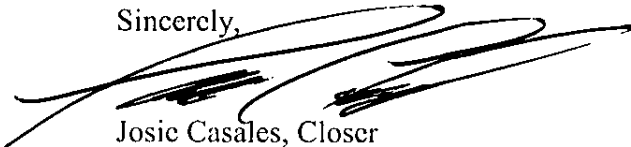
Re: Filing and Certified Copy of Statement of Authority

Dear Sir/Madam,

Enclosed please find the Cover Letter and Statement of Authority along with Check No.: 17313 payable to Florida Department of State in the amount of \$55.00, which represents the filing fee and for a certified copy of the enclosed statement. I have enclosed a self addressed stamped envelope for your convenience.

Thank you in advance for your prompt attention to this matter. Should you have any questions or comments, please do not hesitate to contact our offices.

Sincerely,



Josie Casales, Closer

/jc

Encloures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLORADO 303, 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:

RYAN S. GRAZI, ESQ.

Name of Person

GRAZI & GIANINO, LLP

Firm/Company

217 E. OCEAN BLVD.

Address

STUART, FL 34994

City/State and Zip Code

rgrazi@gglawyers.com

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

For further information concerning this matter, please call:

RYAN S. GRAZI, ESQ.

Name of Person

at (772)

Area Code

286-0200

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: COLORADO 303, LLC

SECOND: The Florida Document Number of the limited liability company is: L 14000077597

THIRD: The street address of the limited liability company's principal office is:

729 Colorado Avenue, Stuart, FL 34994

The mailing address of the limited liability company's principal office is:

729 Colorado Avenue, Stuart, FL 34994

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TALLAHASSEE, FLORIDA

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.

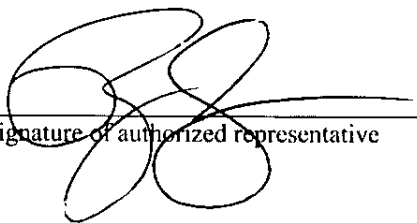
a. Granted to: RONALD WERNER and MUNIR SHAPO

b. No authority granted to: _____

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

a. Granted to: RONALD WERNER

b. No authority granted to: _____


Signature of authorized representative

RYAN S. GRAZI

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)