

L17000223346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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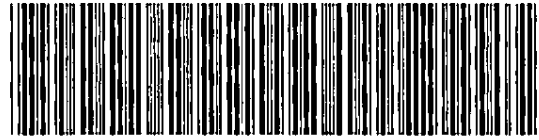
(Business Entity Name)

(Document Number)

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JAN 03 2018

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JAN 03 2018

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: 107TH AND 14TH LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melinda Osborne, Real Estate Paralegal  
Name of Person

Sapurstein & Bloch, P.A.  
Firm/Company

9700 South Dixie Hwy., #1000  
Address

Miami, Fl. 33156  
City/State and Zip Code

rdumenigo@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melinda Osborne at ( 305 ) 670-9500  
Name of Person Area Code 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: 107TH AND 14TH LLC

SECOND: The Florida Document Number of the limited liability company is: L17000223366

THIRD: The street address of the limited liability company's principal office is:  
1200 ALTON ROAD  
MIAMI BEACH, FL. 33139

The mailing address of the limited liability company's principal office is:  
1200 ALTON ROAD  
MIAMI BEACH, FL. 33139

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: RODOLFO DUMENIGO

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: RODOLFO DUMENIGO

b. No authority granted to: \_\_\_\_\_

FILED  
18 JAN -2 PM 12: 28  
CLERK OF CIRCUIT COURT  
DADE COUNTY, FLORIDA

  
Signature of authorized representative

RODOLFO DUMENIGO  
Typed or printed name of signature

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