

L19 000098745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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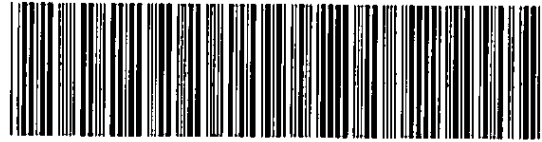
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 9 2019

T SCHROEDER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GRAN PARAISO 2506 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:

PEDRO P. SAEZ

Name of Person

SAEZ & ASSOCIATES

Firm/Company

777 BRICKELL AVE, SUITE 1110

Address

MIAMI, FL 33131

City/State and Zip Code

PSAEZ@SAEZLAW.COM

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

For further information concerning this matter, please call:

MARIA SAYAGO at (305) 358-0028  
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: GRAN PARAISO 2506 LLC

SECOND: The Florida Document Number of the limited liability company is: L19000098745

THIRD: The street address of the limited liability company's principal office is:
777 BRICKELL AVE, SUITE 1110
MIAMI, FL 33131

The mailing address of the limited liability company's principal office is:
777 BRICKELL AVE, SUITE 1110
MIAMI, FL 33131

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: ELENA ANDREETTA

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: ELENA ANDREETTA

b. No authority granted to:

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TALLAHASSEE, FLORIDA

Signature of authorized representative

ELENA ANDREETTA
Typed or printed name of signature

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