

L14000166505

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000178144 3)))



H150001781443ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GARDNER BREWER MARTINEZ-MONFORT, P.A.
Account Number : I20060000058
Phone : (813) 221-9600
Fax Number : (813) 221-9611

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: pclark@ripatampa.com

FILED
2015 JUL 23 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
15 JUL 23 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
19TH AVENUE NW SUBDIVISION LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

(((H15000178144 3)))

TO: Registration Section
Division of Corporations

SUBJECT: 19TH AVENUE NW SUBDIVISION 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:

Christopher W. Brewer

Name of Person

Gardner Brewer Martinez-Monfort, P.A.

Firm/Company

400 North Ashley Drive, Suite 1100

Address

Tampa, FL 33602

City/State and Zip Code

cbrewer@gbmmlaw.com

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

For further information concerning this matter, please call:

Christopher W. Brewer

Name of Person

813

Area Code

221-9600

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

CR2E138 (2/14)

(((H15000178144 3)))

850-617-6381

7/23/2015 8:43:41 AM PAGE 1/001 Fax Server



July 23, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GARDNER BREWER

SUBJECT: 19TH AVENUE NW SUBDIVISION LLC
REF: L14000166505

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Electronically filed documents must be on letter size paper.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H15000178144
Letter Number: 315A00015429

RECEIVED
15 JUL 23 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H15000178144 3)))

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: 19TH AVENUE NW SUBDIVISION LLC,
a Florida limited liability company

SECOND: The Florida Document Number of the limited liability company is: L14000166505

THIRD: The street address of the limited liability company's principal office is:
1409 Tech Blvd.

Suite 1Tampa, FL 33619

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

1409 Tech Blvd.Suite 1Tampa, FL 33619

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: Joseph Christian LaFace

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: Joseph Christian LaFace

b. No authority granted to: _____


Signature of authorized representative

Frank P. Ripa, Manager

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)

(((H15000178144 3)))

FILED
2015 JUL 23 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA