

LD50000082235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MENNA PASCO, 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:

Marco Menna

Name of Person

Menna Pasco LLC

Firm/Company

P.O. Box 1297

Address

Tarpon Springs, Florida 34688-1297

City/State and Zip Code

Mark@mennahotels.com

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

For further information concerning this matter, please call:

Marco Menna

Name of Person

at ( 727 )

Area Code

938-8814

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: MENNA PASCO, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L05000082235

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

11115 U.S. Highway 19 North

Port Richey, Florida 34668

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

P.O. Box 1297

Tarpon Springs, Florida 34688-1297

**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: \_\_\_\_\_

b. No authority granted to: Agostino Menna

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

a. Granted to: \_\_\_\_\_

b. No authority granted to: Agostino Menna

  
Signature of authorized representative

MARCO MENNA  
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)