# 1160000 76415

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#### **COVER LETTER**

	gistration Section vision of Corporations	•	
SUBJECT:	GOLD COAST PREMIER PROPE	ERTIES VI,	LLC
	Name of Limited 1	Liability Comp	pany
Dear Sir or	Madam:		
The enclose	ed Statement of Authority and fee(s) are submit	tted for filing.	
Please retur	n all correspondence concerning this matter to	the following:	
Jorge E.	Otero, Esq.		
	Name of Person		
VALENC	CIA REGISTERED SERVICES, LLC	;	
Firm/Company			
75 Valer	ncia Avenue, Suite 400		
Address			
Coral Gables, Florida 33134			
City/State and Zip Code			
service@	Doterolaw.com		
E-	mail address: (to be used for future annual repo	ort notification	)
For further	information concerning this matter, please call	;	
Jorge E.	Otero, Esq.	305	567-9000
	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

CR2E138 (2/14)

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limauthority:	nited liability company submits the following statement of
FIRST: The name of the limited liability company is:	
GOLD COAST PREMIER PROPERTIES V	
- 19-10-10-10-10-10-10-10-10-10-10-10-10-10-	
SECOND: The Florida Document Number of the limited	d liability company is: L16000076415
THIRD: The street address of the limited liability compa	•
The mailing address of the limited liability con 16155 SW 117 AVE., Unit B-2 MIAN	• • •
FOURTH: This statement of authority grants or sets lin position of a person in a company, whether as a member, person on the following:	nitations of authority on all persons having the status or transferce, manager, officer or otherwise or to a specific
1. May execute an instrument transferring real	property held in the name of the company.
	- NO 9
b. No authority granted to:	MIN-2 MI-8:23
	f of, or otherwise act for or bind, the company.
b. No authority granted to:	
	Raul Garcia
Signature of authorized representative Filing Fee: Certified C	Typed or printed name of signature \$25.00 Copy: \$30.00 (optional)

CR2E138 (2/14)