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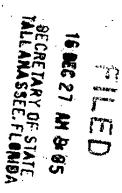
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COVER LETTER,

TO: Registration Section
Division of Corporations

Lakeshore 800

SUBJECT: Lakeshore 800 LLC		
	mited Liability Com	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Ana Maria Angulo		
Name of Person		
Law offices of Ana Maria Angulo		
Firm/Company		
5975 Sunset Drive, #503		
Address	· · · · · · · · · · · · · · · · · · ·	
South Miami, FL 33143		
City/State and Zip Code		
annie@angulolaw.com		
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter, plea	se call:	
Ana Maria Angulo	305 at (567-0305
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations	
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314	

CR2E138 (2/14)

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: Lakeshore 800 LLC SECOND: The Florida Document Number of the limited liability company is: <u>L10000025274</u> THIRD: The street address of the limited liability company's principal office is: 2645 NE 207th Street Aventura, FL 33180 The mailing address of the limited liability company's principal office is: 2645 NE 207th Street Aventura, FL 33180 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. Granted to: Raffi Anac, Manager No authority granted to: May enter into other transactions on behalf of, or otherwise act for or bind, the company Granted to: Raffi Anac, Manager No authority granted to: Raffi Anac Typed or printed name of signature Signature of authorized representative Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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