

L10000060393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FEB 6 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: San Pietro Realty 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:

Peggy Hill

Name of Person

Broward Title Company

Firm/Company

4700 Sheridan St., Bldg. I

Address

Hollywood, FL 33021

City/State and Zip Code

captain@mysarita.com

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

For further information concerning this matter, please call:

Peter Spooner

Name of Person

at (_____) _____

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

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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: San Pietro Realty LLC

SECOND: The Florida Document Number of the limited liability company is: L10000060393

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

c/o Accounting and Business Consultants LLC

2962 Trivium Circle, Ste 101

Ft. Lauderdale, FL 33312

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

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: Peter Spooner

Tanya Spooner

b. No authority granted to: n/a

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

a. Granted to: Peter Spooner

Tanya Spooner

b. No authority granted to: n/a


Signature of authorized representative


Peter Spooner

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)


Signature of authorized representative

Tanya Spooner JOHNSON 