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COVER LETTER

Division of Corporations		
GOLD COAST PREMIER HQ,	LLC	
	ed Liability Comp	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are sub-	mitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Jorge E. Otero, Esq.		
Name of Person		
Jorge E. Otero & Associates, P.A.		
Firm/Company		
75 Valencia Avenue, Fourth Floor		
Address		
Coral Gables, Florida 33134		
City/State and Zip Code		
service@oterolaw.com		
E-mail address: (to be used for future annual r	report notification)
For further information concerning this matter, please of	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

STATEMENT OF AUTHORITY

authority:	s limited liability company submits the following statement of
FIRST: The name of the limited liability company is	GOLD COAST PREMIER HQ, LLC
SECOND: The Florida Document Number of the lin	nited liability company is: L18000267786
THIRD: The street address of the limited liability co	ompany's principal office is:
Miami, Florida 33177	18 PEC
The mailing address of the limited liability 16155 SW 117 Avenue, Suite B2	• • • • • • • • • • • • • • • • • • • •
Miami, Florida 33177	
position of a person in a company, whether as a memberson on the following: 1. May execute an instrument transferring Raul Garcia	limitations of authority on all persons having the status or ber, transferee, manager, officer or otherwise or to a specific real property held in the name of the company.
May enter into other transactions on bela. Granted to: Raul Garcia	half of, or otherwise act for or bind, the company.
b. No authority granted to:	
	Raul Garcia
Signature of authorized representative Filing Fo	Typed or printed name of signature se: \$25.00 1 Copy: \$30.00 (optional)

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