

Division of Corporations

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L18 0000 43591

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : GARDNER BREWER MARTINEZ-MONFORTE
Account Number : T2060000058
Phone : (813)221-9600
Fax Number : (813)221-9611

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: pclark@ripa.construction.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
19TH AVENUE FRCJP, LLC

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Page Count	02
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T. CLINE

FEB - 6 2019

EXAMINER

2019 FEB -5 PM 2:28

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 19TH AVENUE FRCJP, 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:

Christopher W. Brewer

Name of Person

Gardner Brewer Martinez-Monfort PA

Firm/Company

400 North Ashley Drive, Suite 1100

Address

Tampa FL 33602

City/State and Zip Code

cbrewer@gbmmlaw.com

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

For further information concerning this matter, please call:

Christopher Brewer

813

221-1588

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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CLERK OF STATE
TALLAHASSEE, FLORIDA
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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: 19TH AVENUE FRCJP, LLC

SECOND: The Florida Document Number of the limited liability company is: L18000043591

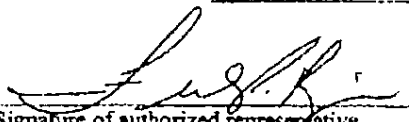
THIRD: The street address of the limited liability company's principal office is:
1409 TECH BOULEVARD, SUITE 1
TAMPA FL 33619

The mailing address of the limited liability company's principal office is:
1409 TECH BOULEVARD, SUITE 1
TAMPA FL 33619

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: Joseph Christian LaFace or Ryan Sampson
 - b. No authority granted to: _____
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
 - a. Granted to: Joseph Christian LaFace or Ryan Sampson
 - b. No authority granted to: _____

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TAMPA FLORIDA


Signature of authorized representative

Frank P. Ripa
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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