

L000000011281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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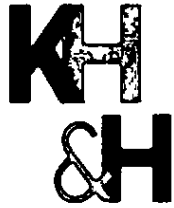


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KRINZMAN
HUSS LUBETSKY
FELDMAN & HOTTE
ATTORNEYS AT LAW

Alfred I. duPont Building
169 E. Flagler Street, Suite 500
Miami, Florida 33131
T: 305.854.9700
F: 305.854.0508

110 Southeast 6th Street
Suite 1430
Fort Lauderdale, Florida 33301
T: 954.761.3454
F: 954.761.3484

Please Reply To: Miami

Via Fedex
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: Filing Request for Statement of Authority

Dear Processing Team:

This letter serves as a request for the filing of the Statement of Authority from CENTURY EVERGLADES LLC, a Florida limited liability company.

Enclosed is a check in the amount of \$25.00 for the filing fee. Thank you for your attention to this matter.

Sincerely,

KRINZMAN HUSS LUBETSKY
FELDMAN & HOTTE



Ross D. Kulberg

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Century Everglades 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:

Ross Kulberg

Name of Person

Krinzman Huss Lubetsky Feldman & Hotte

Firm/Company

169 E. Flagler, Suite 500

Address

Miami, FL 33131

City/State and Zip Code

rdk@khllaw.com

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

For further information concerning this matter, please call:

Ross Kulberg at (305) 854-9700
Name of Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: CENTURY EVERGLADES LLC

SECOND: The Florida Document Number of the limited liability company is: L00000011281

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

225 SW 2nd Ave, Homestead, FL 33030

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

225 SW 2nd Ave, Homestead, FL 33030

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 or encumbering real property held in the name of the company.

a. Granted to: _____

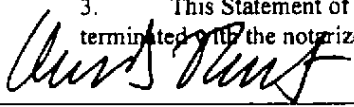
b. No authority granted to: VENTO GROUP LLC; Osvaldo M. Vento;
and Nancy Vento, without the notarized written consent of Lilia M. Vento.

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

a. Granted to: _____

b. No authority granted to: _____

3. This Statement of Authority may only be amended, modified, canceled or terminated without the notarized written consent of Lilia M. Vento.


Signature of authorized representative

Osvaldo M. Vento

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)