

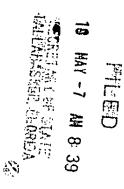
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	٥





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## **COVER LETTER**

TO: Registration Section
Division of Corporations

Deauville Associates, LLC		₫"
Name of Lim	ited Liability Comp	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are su	abmitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Jose M. Chanfrau, IV		
Name of Person	<del></del>	
Jose M. Chanfrau, IV P.A.		
Firm/Company		
5101 Collins Ave., #12A		
Address	<del>_</del>	
Miami Beach, FL 33140		
City/State and Zip Code		
jchanfrau@josechanfraupa.com		
E-mail address: (to be used for future annua	l report notification	n)
For further information concerning this matter, please	e call:	
Jose M. Chanfrau, IV	786 at (	456-4168
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

CR2E138 (2/14)



## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the fourtherity:	ollowing statement of
FIRST: The name of the limited liability company is:	
SECOND: The Florida Document Number of the limited liability company is:	8474
THIRD: The street address of the limited liability company's principal office is: 5101 Collins Avenue, Mgt. Office	
Miami Beach, FL 33140	
The mailing address of the limited liability company's principal office is: 5101 Collins Avenue, Mgt. Office	- MAY
Miami Beach, FL 33140	
FOURTH: This statement of authority grants or sets limitations of authority on all persons h position of a person in a company, whether as a member, transferee, manager, officer or other person on the following:  1. May execute an instrument transferring real property held in the name of the company.  Belinda Meruelo.	rwise or to a specific mpany.
b. No authority granted to: Homero F. Meruelo	
2. May enter into other transactions on behalf of, or otherwise act for or bind, the a. Granted to:  Belinda Meruelo	company.
b. No authority granted to: Homero F. Meruelo	
Signature of authorized representative  Belinda Meruelo  Typed or printed na	

\$25.00

Certified Copy: \$30.00 (optional)

Filing Fee:

CR2E138 (2/14)