

LA3 0000 43687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

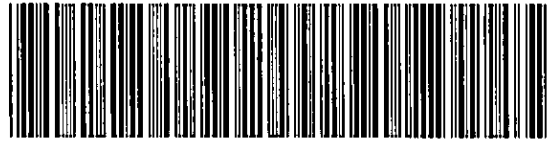
(Business Entity Name)

(Document Number)

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FILED

2019 APR -3 PM 6:33

U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D.C. 20535

C. GOLDEN  
APR 11 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Waked Family Limited Liability Company

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

George Waked

Name of Person

Firm/Company

10055 NW 45th St

Address

Coral Springs, FL 33065

City/State and Zip Code

ginkomd@aol.com

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

For further information concerning this matter, please call:

Heather M. Reynolds

904

280-5540

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

FILED

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

2019 APR -3 PM 6:33

FIRST: The name of the limited liability company is: \_\_\_\_\_

Waked Family Limited Liability Company

FILED  
CLERK OF DISTRICT COURT  
JANUARY 15, 2019  
TALLAHASSEE, FL

SECOND: The Florida Document Number of the limited liability company is: L03000043687

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

10055 NW 45th St

Coral Springs, FL 33065

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

10055 NW 45th St

Coral Springs, FL 33065

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: Susan M. Waked, George H. Waked &

Brandon Waked

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: Susan M. Waked, George H. Waked &

Brandon Waked

b. No authority granted to: \_\_\_\_\_

Susan M. Waked  
Signature of authorized representative

Susan M. Waked

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)