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COVER LETTER

SUBJECT: TERRA ROSA 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:
KRISS HAmmond Name of Person
CONSULTING PARTHERS NETWORK, INC.
1935 Commerce Laws, Suitz 6
JUPITER FL 33458 City/State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
KRISS Hammons at (561) 262-5678 Name of Person Area Code Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 817Tallahassee, FL 32303

TO:

Registration Section Division of Corporations

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following authority:	g statement of
FIRST: The name of the limited liability company is:	
	<u> </u>
SECOND: The Florida Document Number of the limited liability company is: L0400003	11033
THIRD: The street address of the limited liability company's principal office is:	
685 ROYAL PALM BEACH BLVD	
SUITE 205	
685 ROYAL PALM BEACH BLVD SUITE 205 ROYAL PALM BEACH, FL 33411	
The mailing address of the limited liability company's principal office is:	
685 ROYAL PALM BEACH BLUD	
	•
ROYAL PALM BEACH, FL 33411	
FOURTH: This statement of authority grants or sets limitations of authority on all persons having the position of a person in a company, whether as a member, transferee, manager, officer or otherwise or person on the following: 1. May execute an instrument transferring real property held in the name of the company. a. Granted to: KRISS HAMMOND	to a specific
b. No authority granted to:	
May enter into other transactions on behalf of, or otherwise act for or bind, the company	/ .
a. Granted to: KRISS HAMMOND	
b. No authority granted to:	
Borbel Abela: BARBEL ABEL	<u>A</u>
ighature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	;nature

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