

LO5000066990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

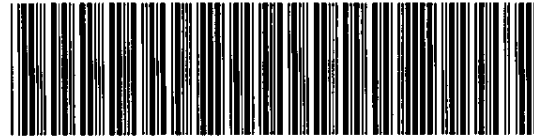
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren  
APR 18 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Anaco South, 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:

Torge L. Castillo  
Name of Person

Anaco South, LLC  
Firm/Company

27510 SW 162nd Ave  
Address

Miami FL 33031  
City/State and Zip Code

anaco1@MSN.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Torge L. Castillo at (305) 206-2434  
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

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: Anaco South, LLC

SECOND: The Florida Document Number of the limited liability company is: L05000066990

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

27510 SW 162 AVE  
Miami FL 33031

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

Same as above

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:

Jorge L. Castillo  
Manager

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:

Jorge L. Castillo  
Manager

b. No authority granted to:

Jorge L. Castillo  
Signature of authorized representative

3/10/17

Jorge L. Castillo  
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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TALLAHASSEE, FLORIDA