

LD5000082235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

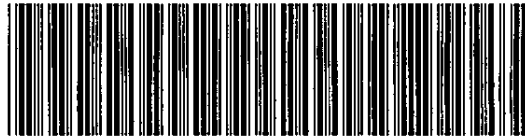
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MENNA PASCO, 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:

Marco Menna

Name of Person

Menna Pasco LLC

Firm/Company

P.O. Box 1297

Address

Tarpon Springs, Florida 34688-1297

City/State and Zip Code

Mark@mennahotels.com

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

For further information concerning this matter, please call:

Marco Menna

Name of Person

727

Area Code

938-8814

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: MENNA PASCO, LLC

SECOND: The Florida Document Number of the limited liability company is: L05000082235

THIRD: The street address of the limited liability company's principal office is:
11115 U.S. Highway 19 North
Port Richey, Florida 34668

The mailing address of the limited liability company's principal office is:
P.O. Box 1297
Tarpon Springs, Florida 34688-1297

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:

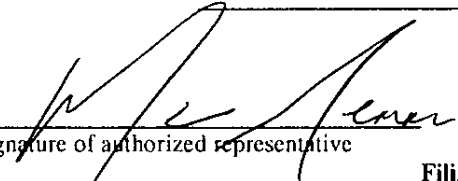
1. May execute an instrument transferring real property held in the name of the company.

- a. Granted to: _____
- b. No authority granted to: Agostino Menna

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: Agostino Menna

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CLERK OF STATE
TALLAHASSEE, FLORIDA


Signature of authorized representative

MARCO MENNA
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)