

LO6 0000 19971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

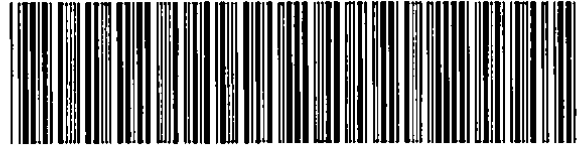
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 MAY 17 PM 3:01

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JUN 03 2019

T SCHROEDER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WESTERN HEIGHTS, 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:

Joseph Spinelli, President

Name of Person

March Winds, Inc.

Firm/Company

301 Clematis Street # 3000

Address

West Palm Beach, FL 33401

City/State and Zip Code

paidbillcentral@gmail.com

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

For further information concerning this matter, please call:

Joseph Spinelli

Name of Person

at ( 561 ) 543-4344

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 following statement of authority:

FIRST: The name of the limited liability company is: Western Heights, LLC

SECOND: The Florida Document Number of the limited liability company is: L06000019971

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

301 Clematis St # 3000

West Palm Beach, FL 33401

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

301 Clematis St # 3000

West Palm Beach, FL 33401

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: Joseph Spinelli and Adriana Spinelli

b. No authority granted to: any person other than Joseph Spinelli and Adriana Spinelli

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Joseph Spinelli and Adriana Spinelli

b. No authority granted to: any person other than Joseph Spinelli and Adriana Spinelli

Signature of authorized representative

Joseph Spinelli

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 MAY 17 PM 3:01

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