

4400081788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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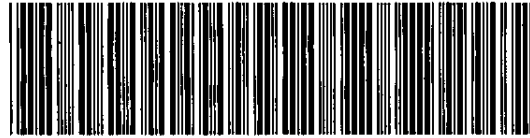
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 28 2015

J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOCCA MIAMI, 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:

Maria E. Gross
Name of Person

Union Title Services, Inc.
Firm/Company

90 Almeria Avenue
Address

Coral Gables, Florida 33134
City/State and Zip Code

mgross@uniontitleservices.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria E. Gross at (305) 444-4508
Name of Person Area Code Daytime Telephone Number

XT-208

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TALLAHASSEE FLORIDA

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: TOCCA MIAMI, LLC

SECOND: The Florida Document Number of the limited liability company is: LOG000081788

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

3027 Rainbow Valley Boulevard
Rainbow, CA 92028

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

P.O. Box 1731
Temecula, CA 92593

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TALLAHASSEE, FLORIDA

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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: Roberto E Frulla, 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: Roberto E Frulla, Manager

b. No authority granted to: _____

Roberto E Frulla, Manager
Signature of authorized representative

ROBERTO E. FRULLA
Typed or printed name of signature

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