

LO7000006768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

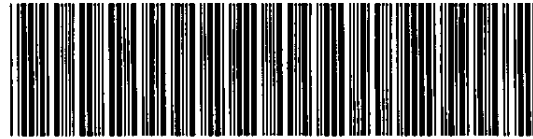
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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12/05/16--01020--023 \*\*25.00

12/05/16--01020--024 \*\*30.00

DEC 06 2016

S. YOUNG

16 DEC -5 PM 4:40

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MARK S. SCHECHNER, P.A.  
ATTORNEY AT LAW  
2121 PONCE DE LEON BOULEVARD, SUITE 711  
CORAL GABLES, FLORIDA 33134

TELEPHONE (305) 446-1621  
FAX (305) 446-0574  
MARKSCHECHNER@AOL.COM

November 30, 2016

Via U.S. Mail

Florida Department of State  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

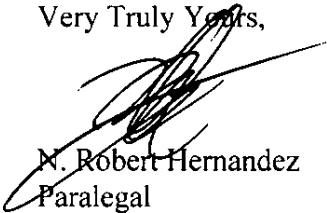
Re: LLC Statement of Authority filing

Dear Sir/Madam:

Enclosed please find an LLC Statement of Authority for filing together with a trust account check in the amount of \$25.00 for the filing fee and a check for \$30.00 for a certified copy of said document.

If you have any questions or require additional information, please do not hesitate to contact us.

Very Truly Yours,

  
N. Robert Hernandez  
Paralegal

Enclosures: 3

NRH/

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
12 DEC -5 PM 4:40

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ANNESA ENTERPRISES, 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:

**Franz Nepita and Gladys Nepita**

Name of Person

**ANNESA ENTERPRISES, LLC**

Firm/Company

**7062 NW 113th Court**

Address

**Doral, FL 33178**

City/State and Zip Code

**franznep@hotmail.com**

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

For further information concerning this matter, please call:

**Franz Nepita**

Name of Person

**305**

Area Code

**699-9009**

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

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**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: ANNESA ENTERPRISES, LLC, a Florida  
limited liability company

**SECOND:** The Florida Document Number of the limited liability company is: L07000006768

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

7062 NW 113th Court

Doral, FL 33178

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

7062 NW 113th Court

Doral, FL 33178

**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: Franz Nepita and Gladys Nepita, individually  
or jointly

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: Franz Nepita and Gladys Nepita, individually  
or jointly

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

Antonio Nepita

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

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