

L07 0000 33343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLTR 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:

ISAAC MANZO

Name of Person

MANZO & ASSOCIATES, P.A.

Firm/Company

4767 NEW BROAD STREET

Address

ORLANDO, FLORIDA 32814

City/State and Zip Code

MANZO@LAWYER.COM

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

For further information concerning this matter, please call:

ISAAC MANZO

Name of Person

at (407)

Area Code

514-2692

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: FLTR LLC

SECOND: The Florida Document Number of the limited liability company is: L07000033343

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

4767 NEW BROAD STREET

ORLANDO, FLORIDA 32814

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

4767 NEW BROAD STREET

ORLANDO, FLORIDA 32814

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: ISAAC MANZO AND FARHAAD A. NAGHOON

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: ISAAC MANZO AND FARHAAD A. NAGHOON

b. No authority granted to: _____



Signature of authorized representative

ISAAC MANZO

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)