

L08000018586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

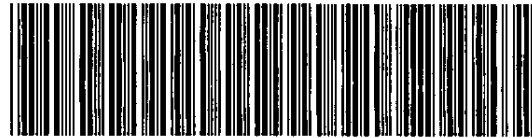
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600295408576

02/16/17--01011--009 **25.00

FILED

2017 FEB 16 A 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

FEB 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 900 RETAIL 101, 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:

MILTON FUENTES

Name of Person

M FUENTES & CO.

Firm/Company

PO BOX 431725

Address

MIAMI, FL 33243-1725

City/State and Zip Code

MF@MFUENTESLAW.COM

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

For further information concerning this matter, please call:

MILTON FUENTES, ESQ.

Name of Person

at (

305

_____)
Area Code

447-1960

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: 900 RETAIL 101, LLC

SECOND: The Florida Document Number of the limited liability company is: L08000018586

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

900 BISCAYNE BLVD., UNIT #R105B

MIAMI, FL 33132

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

900 BISCAYNE BLVD., UNIT #R105B

MIAMI, FL 33132

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.

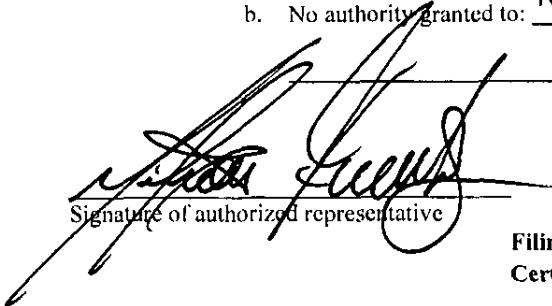
a. Granted to: ANTONIO F. MAGRANER BALAGUER

b. No authority granted to: N/A

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

a. Granted to: ANTONIO F. MAGRANER BALAGUER

b. No authority granted to: N/A


Signature of authorized representative

Milton Fuentes
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

SECRETARY OF STATE
FLORIDA

2017 FEB 16 A 9:18

FILED