

LU80000 23717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Paloma Estate, 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:

Jorge E. Otero, Esq.  
Name of Person

Otero & Associates, P.A.  
Firm/Company

75 Valencia Ave., Fourth Floor  
Address

Coral Gables, FL 33134  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jorge E. Otero, Esq. at ( 305 ) 567-9000  
Name of Person Area Code 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: Paloma Estate, LLC

SECOND: The Florida Document Number of the limited liability company is: L08000023717

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

13841 SW 90th Ave.

Miami, FL 33176

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

13841 SW 90th Ave.

Miami, FL 33176

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: Elena Tarasova

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: Elena Tarasova

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

X

Signature of authorized representative

Elena Tarasova  
Typed or printed name of signature

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

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HALL COUNTY, FL