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COVER LETTER

TO: Registration Section Division of Corporations	
Crystal Clear Holdings, LLC SUBJECT:	
Name of Limited Liability Compan	у
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:	
Valsidia Campalan Farmandan	
Yoleidis Gonzalez Fernandez	
Name of Person	
Crystal Clear Holdings, LLC	
Firm/Company	
8350 NW 52nd TER, Suite 210	
Address	
Doral, FL 33166	
City/State and Zip Code	
alain.lantigua@gmail.com	2011 Sei Tarich
E-mail address: (to be used for future annual report notification)	2016 JUL SECKE F
For further information concerning this matter, please call:	KAY L-5
Alain Lantigua 305 7	/88-8310 T
Name of Person Area Code	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

authority		statement of
FIRST:	The name of the limited liability company is: Crystal Clear Holdings, LLC	.
SECON	ID: The Florida Document Number of the limited liability company is: L08000025535	
	: The street address of the limited liability company's principal office is: 8350 NW 52ND TER, SUITE 210, DORAL, FL 33166	
	The mailing address of the limited liability company's principal office is: 8350 NW 52ND TER, SUITE 210, DORAL, FL 33166	
position of person of	TH: This statement of authority grants or sets limitations of authority on all persons having the of a person in a company, whether as a member, transferee, manager, officer or otherwise or ton the following: 1. May execute an instrument transferring real property held in the name of the company. a. Granted to: Yoleidis Gonzalez Fernandez	
	b. No authority granted to:	1
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the company a. Granted to: Yoleidis Gonzalez Fernandez	
	b. No authority granted to:	Ö
	Alain Lantigua	
Signature	re of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	<u>şnature</u>

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