

LD9000047236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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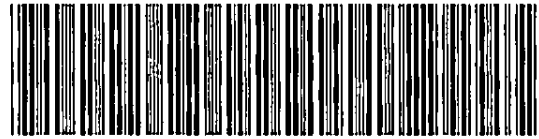
(Business Entity Name)

(Document Number)

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9/27/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1422 SW 45 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:

Robert Feldman

Name of Person

Law Offices of Robert Feldman

Firm/Company

55 NE 5th Ave Ste 500

Address

Boca Raton, Fl. 33432

City/State and Zip Code

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

For further information concerning this matter, please call:

RoseMarie Cavera

at (

917

_____) _____
Area Code

602-5140

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: 1422 SW 45 LLC

SECOND: The Florida Document Number of the limited liability company is: L09000047236

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

1402 SW 45 Way

Deerfield Beach, Fl. 33442

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

same

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: RoseMarie Cavera

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: _____

b. No authority granted to: _____

Grace M. Cavera
Signature of authorized representative

Grace Cavera

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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