

L 0 9 0 0 0 0 5 0 9 0 6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

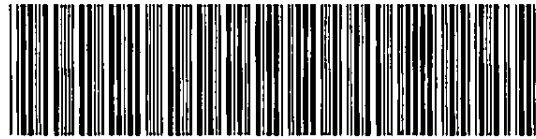
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

D SCOTT  
OCT 16 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRIEU VENTURES, 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:

NGAN T. NGO

Name of Person

TRIEU VENTURES, LLC

Firm/Company

624 3RD AVENUE

Address

NEW SMYRNA BEACH, FL 32169

City/State and Zip Code

kimngan1973@yahoo.com

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

For further information concerning this matter, please call:

NGAN T. NGO

Name of Person

at (

386

Area Code

847-0782

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

TALLAHASSEE, FLORIDA

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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: TRIEU VENTURES, LLC

SECOND: The Florida Document Number of the limited liability company is: L09000050906

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

624 3RD AVENUE

NEW SMYRNA BEACH, FL 32169

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

624 3RD AVENUE

NEW SMYRNA BEACH, FL 32169

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:

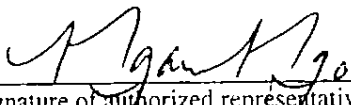
a. Granted to: NGAN T. NGO or LAN T. NGUYEN

b. No authority granted to: KIMCHAU T. NGO or  
TUAN M. NGUYEN

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

a. Granted to: NGAN T. NGO or LAN T. NGUYEN

b. No authority granted to: KIMCHAU T. NGO or  
TUAN M. NGUYEN

  
Signature of authorized representative

NGAN T. NGO

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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