

5/24/2017

Division of Corporations

# Florida Department of State

## Division of Corporations

### Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : GULATI LAW  
Account Number : I20130000014  
Phone : (407)900-5054  
Fax Number : (407)517-4931

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: info@premierfloridafile.com

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

### GRANDE COMMERCIAL PROPERTY LLC

Certificate of Status	0
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Page Count	02
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TALLAHASSEE, FLORIDA

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MAY 25 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Grande Commercial Property 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:

Sarah Gulati

Name of Person

Premier Florida Title, LLC

Firm/Company

479 Montgomery Place

Address

Altamonte Springs, FL 32714

City/State and Zip Code

info@premierfloridatitle.com

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

For further information concerning this matter, please call:

Sarah Gulati

at

407

Area Code

900-5054

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: Grande Commercial Property LLC

**SECOND:** The Florida Document Number of the limited liability company is: L09000058746

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

1918 Bridgewater Drive

Lake Mary, FL 32746

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

PO Box 952168

Lake Mary, FL 32795

**FOURTH:** This statement of authority grants or sets limitations of authority on all persons having the status of 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.

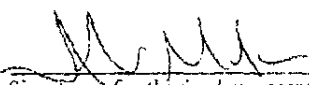
a. Granted to: Aliraza Manekia and Farzana Manekia

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: Aliraza Manekia and Farzana Manekia

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

  
Signature of authorized representative

ALIRAZA MANEKIA  
Typed or printed name of signature

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

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