

L09000075496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
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N. CAUSSEAU

JUN - 5 2017

LOG-25496

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Linton Rev, 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:

Zachary Zurich
Name of Person

Firm/Company

2885 Sanford Ave SW 25343
Address

Grandville MI 49418
City/State and Zip Code

Zac Zurich@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zachary Zurich at (786) 7630389
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

RECEIVED
TALLAHASSEE, FLORIDA
2017 MAY 19 PM 12:59



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 19, 2017

ZACHARY ZURICH
2885 SANFORD AVENUE SW 25343
GRANDVILLE, MI 49418

SUBJECT: LINTON REO, LLC
Ref. Number: L09000075496

We have received your document for LINTON REO, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 517A00010152

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: Linton Reo, LLC

SECOND: The Florida Document Number of the limited liability company is: LO9000075496

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

7745 Fisher Island Drive
Miami Beach FL 33109

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

2885 Sanford Ave SW 25343
Grandville MI 49418

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: ZACHARY Zurich

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: _____

[Signature]
Signature of authorized representative

ZACHARY Zurich
Typed or printed name of signature

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

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