

109000020721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

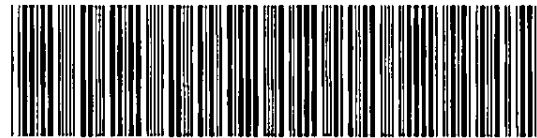
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



300304432353

10/17/17--01012--022 **35.00

FILED
17 OCT 16 AM 7:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 OCT 16 AM 8:25

REG. J.
STATE FLORIDA

Office Use Only

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TREASURE COAST LAND DEVELOPMENT 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:

ANDRE TARRAF

Name of Person

TREASURE COAST LAND DEVELOPMENT LLC.

Firm/Company

2125 SW CAPE COD DRIVE

Address

PORT ST. LUCIE, FL 34953

City/State and Zip Code

ANDRE-TARRAF@HOTMAIL.COM

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

For further information concerning this matter, please call:

LEISA KISSNER

772

486-2818

Name of Person

at (_____) _____

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

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: TREASURE COAST LAND DEVELOPMENT LLC.

SECOND: The Florida Document Number of the limited liability company is: L09000080721

THIRD: The street address of the limited liability company's principal office is:
2125 SW CAPE COD DRIVE
PORT ST. LUCIE, FL 34953

The mailing address of the limited liability company's principal office is:
2125 SW CAPE COD DRIVE
PORT ST. LUCIE, FL 34953

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: LEISA KISSNER
AVRAHAM GATZES ADES TARRAB

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: LEISA KISSNER
AVRAHAM GATZES ADES TARRAB

b. No authority granted to: _____

17 OCT 16 AM 7:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature of authorized representative

ANDRE TARRAF

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)