

L09 0000 80721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

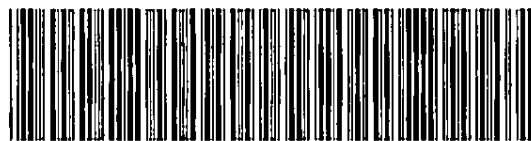
(Business Entity Name)

(Document Number)

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

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2021 FEB -8 PM 6:28

MAR 2 6 2021

S. YOUNG

**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

19008 SW POSITANO WAY

\_\_\_\_\_  
Address

PORT ST. LUCIE, FL 34986

\_\_\_\_\_  
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:

ANDRE TARRAF

772 626-3203  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

### 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:

19008 SW POSITANO WAY

PORT ST. LUCIE, FL 34986

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

19008 SW POSITANO WAY

PORT ST. LUCIE, FL 34986

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**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.

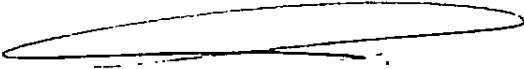
a. Granted to: LEISA TARRAF KISSNER

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 TARRAF KISSNER

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

  
\_\_\_\_\_  
Signature of authorized representative

ANDRE TARRAF

\_\_\_\_\_  
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)