

L10000009678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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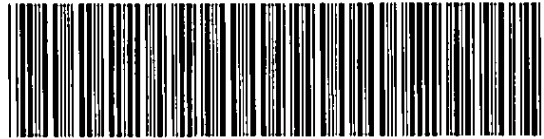
(Business Entity Name)

(Document Number)

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EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EAST-WEST TRANS, 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:

Bruce Prober, Esq.

Name of Person

The Law offices of Bruce Prober, PA

Firm/Company

330 N. Andrews Ave Suite 450

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

harmony.ts@yahoo.com

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

For further information concerning this matter, please call:

Bruce Prober, Esq.

Name of Person

954

Area Code

8161260

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

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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: EAST-WEST TRANS, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L10000009678

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

190 NE 199th Street Suite 203 Miami, FL 33179

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

190 NE 199th Street Suite 203 Miami, FL 33179

**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: Sergey Shablakov

b. No authority granted to: ANAIIDA R KOLESNIKOVA,  
Kirill Popov

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

a. Granted to: Sergey Shablakov

b. No authority granted to: ANAIIDA R KOLESNIKOVA,  
Kirill Popov

s/Sergey Shablakov

Signature of authorized representative

Sergey Shablakov

Typed or printed name of signature

**Filing Fee: \$25.00**

**Certified Copy: \$30.00 (optional)**