

L1000005082K

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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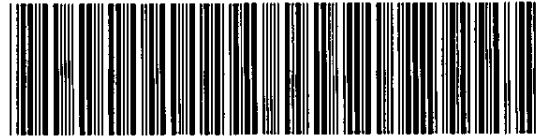
(Business Entity Name)

(Document Number)

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ENTITY NAME:

AN & TTAPUCHI LLC

__XXX__ FILE STATEMENT OF AUTHORITY – Certified copy back

ENCLOSED PLEASE FIND CHECK # 6844 - \$55.00

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: An & Ttapuchi LLC

SECOND: The Florida Document Number of the limited liability company is: 10000050824

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

7918 NW 85th Terrace

Tamarac, FL 33321

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

7918 NW 85th Terrace

Tamarac, FL 33321

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: Moshe Shick

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: Moshe Shick

b. No authority granted to: _____

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15 MAR 18 AM 10:06
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TALLAHASSEE, FLORIDA

(X)

Tal Tapuchi
Signature of authorized representative

Tal Tapuchi

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

(X)

CR2E138 (2/14)

Avi Nissimov