

210000057437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

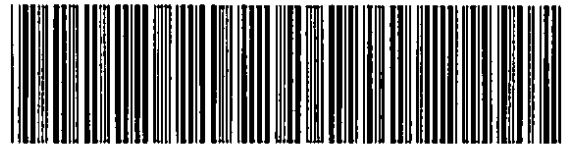
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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DEC 09 2021

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 709 NW 6TH ST 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:

VAYRAC, MARC

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

\_\_\_\_\_  
Firm/Company

19821 NW 2ND AVE%385

\_\_\_\_\_  
Address

MIAMI GARDENS, FL. 33169

\_\_\_\_\_  
City/State and Zip Code

FFMSERVICELL@GMAIL.COM

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

For further information concerning this matter, please call:

VAYRAC, MARC

954

2137259

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

at (\_\_\_\_\_) \_\_\_\_\_

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: 709 NW 6TH ST LLC

SECOND: The Florida Document Number of the limited liability company is: L10000057437

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

19821 NW 2ND AVE #385

MIAMI GARDENS, FL 33169

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

19821 NW 2ND AVE #385

MIAMI GARDENS, FL 33169

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: VAYRAC, MARC

b. No authority granted to: BESSE, THIERRY

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

a. Granted to: VAYRAC, MARC

b. No authority granted to: BESSE, THIERRY


MARC VAYRAC  
Signature of authorized representative

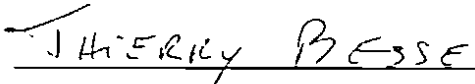
MARC VAYRAC  
Typed or printed name of signature

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

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TALLAHASSEE, FL

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

  
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