

L10000078834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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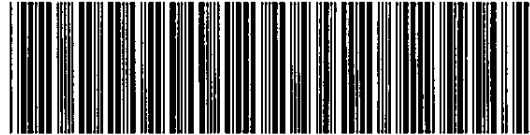
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FEB 10 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Antaramian Properties, 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:

Lisa Van Dien, Esq.

Name of Person

Cheffy Passidomo, P.A.

Firm/Company

821 Fifth Ave. S.

Address

Naples, FL 34102

City/State and Zip Code

lbvandien@napleslaw.com

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

For further information concerning this matter, please call:

Lisa Van Dien

Name of Person

at (239)

Area Code

261-9300

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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TALLAHASSEE, FLORIDA

STATEMENT OF AUTHORITY

Pursuant to section 605.0302, Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: Antaramian Properties, LLC

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

1500 Fifth Ave. S.

Naples, FL 34102

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

P.O. Box 2307

Naples, FL 34102

THIRD: 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.

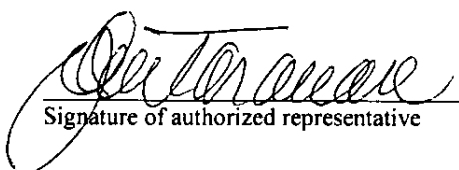
a. Granted to: _____

b. No authority granted to: Robert Frazitta, Frank Delgado
and Scott Hopkins

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

a. Granted to: _____

b. No authority granted to: Robert Frazitta, Frank Delgado
and Scott Hopkins


Signature of authorized representative

JACK ANTARAMIAN
Typed or printed name of signature

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

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