

L1000000 855 99

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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R. WHITE
MAY 13 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thalia Homes, 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:

John J. Agliano, Esquire

Name of Person

Bajo Cuva Cohen Turkel

Firm/Company

100 N. Tampa Street, Suite 1900

Address

Tampa, FL 33602

City/State and Zip Code

jagliano@bajocuva.com

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

For further information concerning this matter, please call:

John J. Agliano

813

443-2199

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: Thalia Homes, LLC

SECOND: The Florida Document Number of the limited liability company is: L10000085599

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

4211 W WATERS AVE

SUITE A

TAMPA, FL 33614

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

4211 W WATERS AVE

SUITE A

TAMPA, FL 33614

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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.

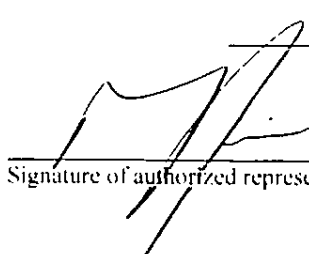
a. Granted to: Miguel A. Aguiar-Delgado

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: Miguel A. Aguiar-Delgado

b. No authority granted to: _____



Signature of authorized representative

Miguel A. Aguiar-Delgado

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)