## 114000 114100

| (Re                                     | questor's Name)    |                 |  |  |  |
|---|--------------------|-----------------|--|--|--|
| (Address)                               |                    |                 |  |  |  |
| (Ád                                     | dress)             |                 |  |  |  |
| (Cit                                    | ty/State/Zip/Phone | <del>= #)</del> |  |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL            |  |  |  |
| (Business Entity Name)                  |                    |                 |  |  |  |
| (Document Number)                       |                    |                 |  |  |  |
| Certified Copies                        | _ Certificates     | s of Status     |  |  |  |
| Special Instructions to Filing Officer: |                    |                 |  |  |  |
|   |                    |                 |  |  |  |
|   |                    | :               |  |  |  |
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## COVER LETTER

| TO: Registration Section Division of Corporations    |  |  |  |
|--|--|--|--|
| Avenida Del Mare, LLC                                |  |  |  |
| SUBJECT: Name of Li                                  | imited Liability Company                 |  |  |
| Dear Sir or Madam:                                   |  |  |  |
|  | submitted for filing                     |  |  |
| The enclosed Statement of Authority and fee(s) are   | submitted for filing.                    |  |  |
| Please return all correspondence concerning this ma  | atter to the following:                  |  |  |
|  |  |  |  |
| Robert Siegel  |  |  |  |
| Name of Person                                       |  |  |  |
|  |  |  |  |
| Firm/Company   |  |  |  |
| 1 Into Company                                       |  |  |  |
| 5505 N. Ocean Blvd., #12-203                         |  |  |  |
| Address  |  |  |  |
| Ocean Ridge, FL 33435                                |  |  |  |
| City/State and Zip Code                              |  |  |  |
| siesta730@gmail.com                                  |  |  |  |
| E-mail address: (to be used for future annu          | ual report notification)                 |  |  |
| For further information concerning this matter, plea | ase call:                                |  |  |
| Robert Siegel  |  |  |  |
| Name of Person                                       | at () Area Code Daytime Telephone Number |  |  |
|  | • •                                      |  |  |
|  |  |  |  |
| STREET/COURIER ADDRESS: Registration Section         | MAILING ADDRESS: Registration Section    |  |  |
| Division of Corporations                             | Division of Corporations                 |  |  |
| Clifton Building                                     | P.O. Box 6327                            |  |  |
| 266) Executive Center Circle                         | Tallahassee, Florida 32314               |  |  |

Tallahassee, Florida 32301

TO:

## STATEMENT OF AUTHORITY

| Pursuant to section authority:                          | 605.0302(1), Florida St   | atutes, this limited li                   | ability company submits the f   | following statement of                                      |
|---|---|---|---|---|
| FIRST: The name   | of the limited liability of   | company is:                               |   |   |
| AVENIDA DEI   | _ MARE LLC  |   |   |   |
| SECOND: The FI  | orida Document Numbe  | r of the limited liabi                    | ity company is: L1000011  | 4100  |
| THIRD: The stree  | t address of the limited.   |   |   |   |
| #12-20  | 3   |   |   | N N   |
| Ocean   | Ridge, FL 33435   |   |   | ω   |
| The mai   | ling address of the limite  | ed liability company                      | 's principal office is:   | 2019 MAY 13 AM 10: 08 SECRETARY OF STATE SECRETARY OF STATE |
| Glenvill  | e, NC 28736   |   |   |   |
| position of a persor<br>person on the follo<br>I. May a | n in a company, whether wing: execute an instrument tra . Granted to:  Susan Siegel | as a member, transformsferring real prope | is of authority on all persons heree, manager, officer or othe rty held in the name of the co | rwise or to a specific                                      |
| 2. May  | . Granted to : Robe Susan Siegel  | rt Siegel                                 | otherwise act for or bind, the  | company.  |
| Signature of author                                     | ized representative   | — rier                                    | Typed or printed na   | ame of signature  |
|   |   | Filing Fee: 5 Certified Copy: 5           | 325.00<br>330.00 (optional)   |   |

CR2E138 (2/14)