

L1 0000 118 361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

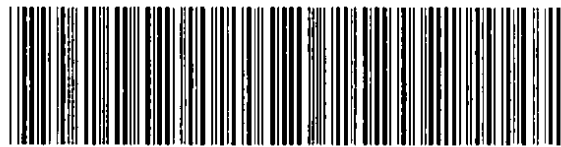
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[Handwritten signature]

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: Durango Holdings LLC

SECOND: The Florida Document Number of the limited liability company is: L10000118361

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

1023 TUPELO WAY
WEAVER FL. 33327

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

1023 TUPELO WAY
WEAVER FL. 33327

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: XABIER AGUIRRE

b. No authority granted to: ANIELIS LOPEZ

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

a. Granted to: XABIER AGUIRRE

b. No authority granted to: ANIELIS LOPEZ

XABIER AGUIRRE
Signature of authorized representative

XABIER AGUIRRE
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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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Durango Holdings 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:

XABIER ACHURTA SUAREZ

Name of Person

DURANGO HOLDINGS LLC

Firm/Company

1023 TUPELO WAY,

Address

WESTON FL 33327

City/State and Zip Code

XACHURTA@HOTMAIL.COM

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

For further information concerning this matter, please call:

XABIER ACHURTA

Name of Person

at

(954)

Area Code

224 0534

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

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SECRETARY OF STATE
TALLAHASSEE, FL