

**L10000129950**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

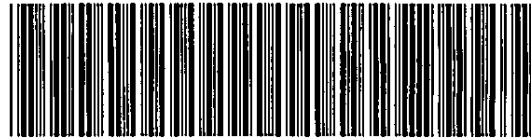
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**2016 DEC - 8 PM 5:36**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**K. SALY**

**DEC - 9 2016**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **BROMAN INVESTMENTS 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:

**DEE CHOPYAK**

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

**MICHAEL E. LEACH, PA**

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

**2400 E. COMMERCIAL BLVD, SUITE 706**

\_\_\_\_\_  
Address

**FORT LAUDERDALE, FL 33308**

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

**DORONBROMAN@GMAIL.COM**

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

For further information concerning this matter, please call:

**DORON BROMAN**                      **305**                      **308-0132**  
\_\_\_\_\_  
Name of Person                      at (                      )                      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

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: BROMAN INVESTMENTS LLC

**SECOND:** The Florida Document Number of the limited liability company is: L10000129950

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

3330 NE 190 STREET, #2614

AVENTURA, FL 33180

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

3330 NE 190 STREET, #2614

AVENTURA, FL 33180

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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: NATALY BROMAN

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: NATALY BROMAN

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

DORON BROMAN

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**