11000062701

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

Div	vision of Corporations
SUBJECT:	TRANSFER AND BUSINESS, LLC.
,	Name of Limited Liability Company
Dear Sir or N	Madam;
The enclosed	d Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
FELIPE H	HEREDIA
	Name of Person
TRANSF	ER AND BUSINESS, LLC.
	Firm/Company
5201 BLU	JE LAGOON DRIAVE. FLOOR 9
	. Address
MIAMI, FL	L 33126
	City/State and Zip Code
	nail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
FELIPE H	at(<u>186</u>)_315~1699.
	Name of Person Area Code 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

CR2E145 (2/14)

TO:

Registration Section

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: TRANSFER AND BUSINESS, LLC. SECOND: The Florida Document Number of the limited liability company is: L11000062701 THIRD: The street address of the limited liability company's principal office is: 5201 Blue Lagoon Drive. Floor 9 Miami, FL 33126 The mailing address of the limited liability company's principal office is: 5201 Blue Lagoon Drive, Floor 9 Miami, FL 33126 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:> Granted to: None No authority granted to: None May enter into other transactions on behalf of, or otherwise act for or bind, the company, a. Granted to: Cesar A. Ponce, to sign on behalf of our company an agreement with the Guatemalan Consulate b. No authority granted to: __ Felipe Heredia Signature of authorized representative Typed or printed name of signature Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)