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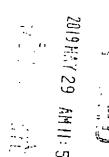
(F	Requestor's Name)		
(<i>F</i>	Address)		
	Address)		
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PICK-UP	☐ WAIT	MAIL	
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R. WHITE
JUI 18 2019

COVER LETTER

TO: Registration Section Division of Corporations		
LEIA LLC		
SUBJECT:	ted Liability Comp	nany
Name of Chin	ied Liaomty Comp	zany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are sub-	omitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Darin W. Mellinger		
Name of Person	122.771.77	
MELLINGER TITLE SERVICES LLC		
Firm/Company		
1200 N. FEDERAL HIGHWAY SUITE 20	0	
Address	· · · · · · · · · · · · · · · · · · ·	
BOCA RATON, FL 33432		
City/State and Zip Code		
gsg@mellingerlaw.com		
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, please	call:	
Darin W. Mellinger	561	210-8570
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	

Tallahassee, Florida 32301

	STATEMENT OF		
Pursuant authority	to section 605.0302(1), Florida Statutes, this limited	I liability company submits the following stater	nent of
FIRST:	The name of the limited liability company is: LEI	A LLC	
SECON	D: The Florida Document Number of the limited lia	ability company is: L12000094192	
	The street address of the limited liability company 4000 HOLLYWOOD BLVD SUITE 140	's principal office is:	
	HOLLYWOOD, FL 33021		
		ဟ <u>၂</u> ၈	201
-	The mailing address of the limited liability compa	any's principal office is:	2019 MAY 29
•	HOLLYWOOD, FL 33021	C I	
		ر. توریخ	AH II: 5
	of a person in a company, whether as a member, train the following: 1. May execute an instrument transferring real properties. a. Granted to: DARIN W. MELLING	operty held in the name of the company.	
	b. No authority granted to:		
	May enter into other transactions on behalf of a. Granted to:		
	b. No authority granted to:		
(Horacio Raul Tagliabue	
Signatur	e of authorized representative	Typed or printed name of signatu	re
	Filing Fee: Certified Cop	\$25.00 y: \$30.00 (optional)	

CR2E138 (2/14)

Signature of authorized representative

Mahel Beatriz Menuet

Typed or printed name of signature