

612000102589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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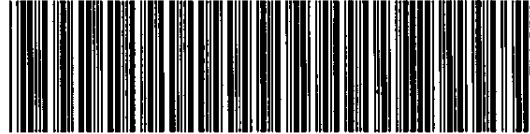
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DEC 03 2014

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: CARIBBEAN CONTAINERS, 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:

Mr. Pete LaPietra

Name of Person

Caribbean Containers, LLC

Firm/Company

105 Dixie Highway

Address

Auburndale, FL 33823

City/State and Zip Code

pete@caribbean-containers.com

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

For further information concerning this matter, please call:

Pete LaPietra

Name of Person

at ( 310 )

Area Code

944-5085

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: \_\_\_\_\_

CARIBBEAN CONTAINERS, LLC

SECOND: The Florida Document Number of the limited liability company is: L12000102509

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

105 Dixie Highway, Auburndale, FL 33823

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

105 Dixie Highway, Auburndale, FL 33823

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: Pete LaPietra

b. No authority granted to: Robert Kilpatrick

Robert Nathey

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

a. Granted to: Pete Lapietra

b. No authority granted to: Robert Kilpatrick

Robert Nathey

  
Signature of authorized representative

Robert Kilpatrick  
Typed or printed name of signatory

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

CR2E138 (2/14)



Robert Nathey

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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