

212 000 107142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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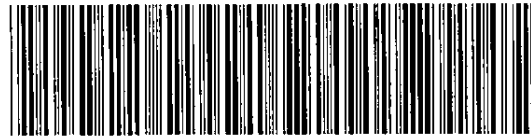
(Business Entity Name)

(Document Number)

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

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GRP MANAGEMENT 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:

Giacomo Bossa

Name of Person

Moris & Associates

Firm/Company

3650 NW 82nd Ave, Suite 401

Address

Doral, FL 33166

City/State and Zip Code

gbossa@anmpa.com

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

For further information concerning this matter, please call:

Giacomo Bossa

Name of Person

305

Area Code

559-1600

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: GRP MANAGEMENT LLC

SECOND: The Florida Document Number of the limited liability company is: L12000107162

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

309 SUNSET DRIVE #3

FORT LAUDERDALE, FL 33301

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

309 SUNSET DRIVE #3

FORT LAUDERDALE, FL 33301

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: Valentina Devia

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: Valentina Devia, limited to the power to  
purchase real property in the name of the company.

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

FIFTH: This Statement of Authority expires on December 31, 2018.

Roberta M Araldi  
Signature of authorized representative

ROBERTA M ARALDI  
Typed or printed name of signature

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