# L12000109736

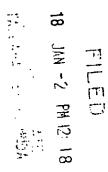
| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
|   |  |  |  |
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Office Use Only



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# **COVER LETTER**

| Division of Corporations  |  |  |  |
|---|--|--|--|
| SUBJECT: West Coast Prosperity 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:               |  |  |  |
| Yury B. Guzman Name of Person   |  |  |  |
| Name of Person  |  |  |  |
|   |  |  |  |
| Firm/Company  |  |  |  |
| 5910 Royal Way  |  |  |  |
| / Address   |  |  |  |
| Tamarac, FL 33321 City/State and Zip Code   |  |  |  |
|   |  |  |  |
| Yurique @ yahoo com  E-mail address: (to be used for future annual report notification) |  |  |  |
| E-mail address: (to be used for future annual report notification)                      |  |  |  |
| For further information concerning this matter, please call:                            |  |  |  |
| Yury B. 6uzman at (954) 682 3727  Name of Person Area Code Daytime Telephone Number     |  |  |  |
| 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

TO:

Registration Section

# STATEMENT OF AUTHORITY

| authority             |  | ,                              |
|-----------------------|--|--------------------------------|
| FIRST:                | The name of the limited liability company is: West Coast Prospe  | roky LLC                       |
| SECON                 | D: The Florida Document Number of the limited liability company is: <u>L/2COO1C</u>  | 7973 <i>6</i>                  |
| THIRD:                | The street address of the limited liability company's principal office is: $\frac{5}{3} \frac{9}{4} \frac{1}{10} = \frac{20}{3} \frac{1}{3} \frac{1}{$ |                                |
|                       | 5910 Royal Way Tamarac, FL 33321   |                                |
|                       |  | 18                             |
|                       | The mailing address of the limited liability company's principal office is:  5910 Royal Way  | JAN -2                         |
|                       | Tamarac, FL 33321  | 2 11 12                        |
| position<br>person or | H: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise in the following:  1. May execute an instrument transferring real property held in the name of the company a. Granted to: Yury 13. Guzman  | the status or or to a specific |
|                       | b. No authority granted to:  |                                |
|                       | 2. May enter into other transactions on behalf of, or otherwise act for or bind, the comp  a. Granted to: Yury 13. Gruzman   | •                              |
|                       | b. No authority granted to:  |                                |
|                       | JURY 607.1   | JAIU                           |
| Signature             | e of authorized representative  Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)  | signature                      |

CR2E138 (2/14)