

L12000130601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAY 07 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**ASSETS RECOVERY 23, LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**JAMES FRATANGELO**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

**1900 SUNSET HARBOUR DRIVE 2ND FL ANNEX**

\_\_\_\_\_  
Address

**MIAMI BEACH, FL 33139**

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

**JAMES FRATANGELO**

**305**

**895-0891**

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
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

**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: ASSETS RECOVERY 27, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L12000130601

**THIRD:** The street address of the limited liability company's principal office is:  
1900 SUNSET HARBOUR DR. 2ND FL ANNEX

MIAMI BEACH, FL 33139

The mailing address of the limited liability company's principal office is:  
1900 SUNSET HARBOUR DR. 2ND FL ANNEX

MIAMI BEACH, FL 33139

**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: JAMES FRATANGELO

DANIEL COOSEMANS

b. No authority granted to: JOHN OLSEN OR JOHN R OLSEN

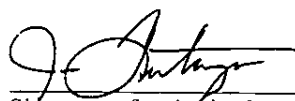
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company

a. Granted to: JAMES FRATANGELO

DANIEL COOSEMANS

b. No authority granted to: JOHN OLSEN OR JOHN R OLSEN

**FIFTH:** This document is to be effective as of January 1, 2014, all other agreements, powers of attorney or documents granting authority to ANY individual(s) are hereby revoked.



Signature of authorized representative

**JAMES FRATANGELO, MGR**

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

RECEIVED  
14 MAY - 1 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA