

L130000004754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

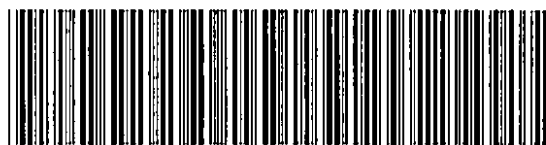
(Document Number)

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2019 OCT 21 PM 4:50

2019 OCT 21

C. GOLDEN

OCT 22 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LOS TALAS 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:

Darin W. Mellinger

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

Mellinger Title Services LLC

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

1200 N. Federal Highway Suite 200

\_\_\_\_\_  
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

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

561

\_\_\_\_\_  
Area Code

2108570

\_\_\_\_\_  
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

# MELLINGER TITLE SERVICES LLC

LICENSED TITLE INSURANCE AGENCY

1200 NORTH FEDERAL HIGHWAY, SUITE 200

BOCA RATON, FLORIDA 33432

TELEPHONE: (561) 210-8570

FACSIMILE: (561) 210-8571

WEBSITE: WWW.MELLINGERLAW.COM

October 16, 2019

Re: STATEMENT OF AUTHORITY  
LOS TALAS LLC

Good morning Clarisa,

Attached please find docs to fill the statement of authority. These docs were sent long time ago but since the LLC was not active docs couldn't be added on Sunbiz. Now the LLC is active. Can you please fill the statement of authority?

Check #2255 in the amount of \$25.00 was sent and cashed. Copy attached,

Thanks so much for your help.

Very truly yours,



Darin Wade Mellinger, Esquire

2019 OCT 21 13:10:53



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 16, 2019

DARIN W. MELLINGER  
1200 N. FEDERAL HIGHWAY  
SUITE 200  
BOCA RATON, FL 33432

SUBJECT: LOS TALAS LLC  
Ref. Number: L13000004754

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file an annual report with our office. Therefore, the document you submitted cannot be filed until the entity is reinstated on our records. Please return to our website at [www.sunbiz.org](http://www.sunbiz.org), click on 'Reinstatement' under the filing services menu and then follow the instructions.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 319A00019123

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: LOS TALAS LLC

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SECOND: The Florida Document Number of the limited liability company is: L13000004754

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

290 NW 165th Street PH5

MIAMI, FL 33169

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

290 NW 165th Street PH5

MIAMI, FL 33169

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, transferor, 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: DARIN W. MELLINGER

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: \_\_\_\_\_

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

Signature of authorized representative

Ana Maria Zoragno de Foppiani

Typed or printed name of signatory

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)

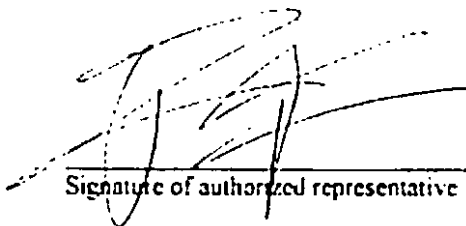
Zoragno, Ana Maria



Signature of authorized representative

Federico Juan Foppiani

Typed or printed name of signature



Signature of authorized representative

Fabricio Leandro Foppiani

Typed or printed name of signature