

To: 850-6383

From: 305530-409

8-AUG-2018 2:55 PM

# L13000004787

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : NEIMAN & INTERIAN, PLLC  
Account Number : I20180000010  
Phone : (305)530-9400  
Fax Number : (305)530-9409

2018 AUG 21 AM 9:01

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: agutierrez@niflalaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
VEROSALVI, LLC

Certificate of Status	0
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# Fax

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**Date:** 8/21/2018  
**To:** 8506176383  
**From:** agutierrez@nifalaw  
**Subject:** STATEMENT OF AUTHORITY - VEROSALVI, LLC

Please see attached.

Thank you.

2018 AUG 21 AM 9:01

PLEASE NOTE OUR NEW MIAMI-DADE ADDRESS AND MY NEW EMAIL ADDRESS

[Alberto Interian Neiman & Interian, PLLC 2020 Ponce de Leon Blvd. Suite 1005B Coral Gables, FL 33134] Ana Gutierrez, Legal Assistant  
Neiman & Interian, PLLC  
2020 Ponce de Leon Blvd. | Suite 1005B | Coral Gables, FL 33134  
Off: 305-530-9400 | Fax: 305-530-9409  
Email: agutierrez@nifalaw.com <mailto:agutierrez@nifalaw.com> Website:  
www.nifalaw.com <http://www.nifalaw.com/>

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VEROSALVI, 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:

Alberto Interian

Name of Person

Neiman & Interian, PLLC

Firm/Company

2020 Ponce de Leon Blvd., Suite 1005 B

Address

Coral Gables, Florida 33134

City/State and Zip Code

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

For further information concerning this matter, please call:

Alberto Interian

Name of Person

305

Area Code

530-9400

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

CR2E138 (2/14)

REC AUG 21 AM 9:01

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## 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: VEROSALVI, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000004787

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

5311 S.W. 173 Avenue

Miramar, FL 33029

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

5311 S.W. 173 Avenue

Miramar, FL 33029

2023 AUG 21 AM 9:01

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: Managers, any one of which may act alone

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: Managers, any one of which may act alone

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



Signature of authorized representative

Antonio P. Salvioli, Manager

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)

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