



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT: BDB LAUDERDALE 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:

Sarah Barbaccia

Name of Person

Sarah Barbaccia, P.A.

Firm/Company

942 SW 93 Terrace

Address

Plantation, FL 33324

City/State and Zip Code

sbarbaccia@barbaccialaw.com

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

For further information concerning this matter, please call:

Sarah Barbaccia

Name of Person

at ( 954 ) 748-4890

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: BDB LAUDERDALE LLC

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**SECOND:** The Florida Document Number of the limited liability company is: L13000014875

**THIRD:** The street address of the limited liability company's principal office is:  
9425 SW 186<sup>th</sup> ST

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CUTLER BAY, FL 33157

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The mailing address of the limited liability company's principal office is:  
3434 RUSSEL ST. #305

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DETROIT, MI 48207

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18 JUL 31 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Sarah Barbaccia, Esq.

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

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2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
  - a. Granted to : Sarah Barbaccia, Esq.

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

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Audry Florence

The foregoing instrument was sworn and subscribed before me this 5 day of June, 2018, by AUDRY FLORENCE, who produced PASSPORT as identification.

SEAL:

Je soussignée  
Maitre Laurence BLANC-HIRSCHAUER  
Notaire à La Ciotat, certifie que  
la signature ci-dessus a bien été  
apposée par M<sup>me</sup> AUDRY Florence

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

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

