## L130000 24608

(Re	questor's Name)	
(,,,	4400101011111110)	
- (Add	dress)	
( )	,	
(Ade	dress)	-
`	,	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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JUL 13 2019 S. YOUNG



## COVER LETTER

	Division of Corporations		
SUBJEC	REO's Recycling, LLC		
SUBJEC	Name of Li	mited Liability Co	ompany
Dear Sir	or Madam:		
The encl	osed Statement of Authority and fee(s) are	submitted for filir	ng.
Please re	turn all correspondence concerning this ma	atter to the followi	ng:
Ferna	ndo J. Colmenares		
	Name of Person		_
REO'S	Recycling, LLC.		
	Firm/Company		_
3255	NW 184th St #12220		
	Address		<del></del>
Avent	ura, FL 33160		
·	City/State and Zip Code		_
Ipvaca	itions@gmail.com		
	E-mail address: (to be used for future ann	ual report notifica	tion)
For furt	ner information concerning this matter, ple	ase call:	
Ferna	ndo J. Colmenares	786	333-9247

STREET/COURIER ADDRESS:

Name of Person

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS: Registration Section

Area Code

Daytime Telephone Number

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

## STATEMENT OF AUTHORITY

authority				g statement or	
FIRST:	The name of the limited liability of	company is:	ycling, LLC	<del>.</del>	_
SECON	D: The Florida Document Number	r of the limited liability con	npany is: L13000024608		_
	The street address of the limited 3255 NW 184th Street #1	liability company's principa			
	Aventura, FL 33160				
	The mailing address of the limite 3255 NW 184th Street #1	2220	ripal office is:		
	Aventura, FL 33160				
FOURTH: This statement of authority grants or sets limitations of authority on all persons having position of a person in a company, whether as a member, transferee, manager, officer or otherwise person on the following:  1. May execute an instrument transferring real property held in the name of the compana. Granted to:  Fernando J. Colmenares				r to a specific	- [
	b. No authority granted	1 to:			E □ -
	2. May enter into other transact	tions on behalf of, or otherwando J. Colmenares	ise act for or bind, the compa	ny.	
	b. No authority granted	d to:			
	while D		Fernando J. Colmena	ares	
Signatur	e of authorized representative	Filing Fee: \$25.00 Certified Copy: \$30.00		signature	