

L13 000098783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

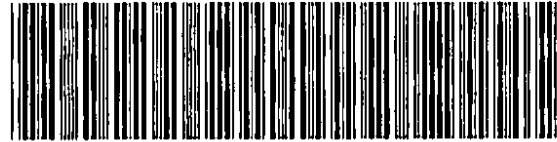
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TALLAHASSEE, FL

2019 DEC 13 AM 9:02

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DEC 15 2020

J Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Grupo Garcia 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:

Omar Garcia

Name of Person

Grupo Garcia LLC

Firm/Company

2813 Executive Park Drive Suite 117

Address

Weston FL 33331

City/State and Zip Code

omargarcia1409@gmail.com

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

For further information concerning this matter, please call:

Omar Garcia

786

620-4637

at

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E138 (2/14)

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: Grupo Garcia LLC

SECOND: The Florida Document Number of the limited liability company is: L13000098783

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

9851 NW 58 ST #115

DORAL FL 33178

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

9851 NW 58 ST #115

DORAL FL 33178

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.

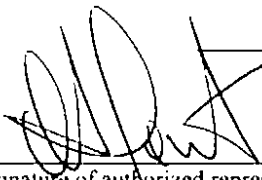
a. Granted to: OMAR GARCIA

b. No authority granted to: IRIANA GARCIA

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

a. Granted to: OMAR GARCIA

b. No authority granted to: IRIANA GARCIA



Signature of authorized representative

OMAR GARCIA

Typed or printed name of signature

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

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SEAL OF THE CLERK OF THE
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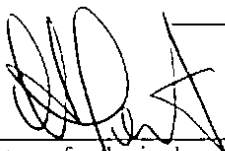
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Signature of authorized representative

OMAR GARCIA
Typed or printed name of signature

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

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