

43000134386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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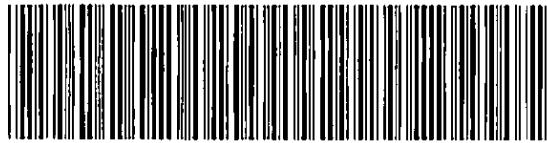
(Business Entity Name)

(Document Number)

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FLORIDA  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT: COCONUT 3718 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:

Eduardo Arriagada

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Name of Person

---

Firm/Company

6982 Paul Mar Dr

---

Address

Lake Worth, FL 33462

---

City/State and Zip Code

earriagada@msn.com

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

For further information concerning this matter, please call:

Eduardo Arriagada

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at ( 561 ) 345-1957

Name of Person

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: COCONUT 3718 LLC

**SECOND:** The Florida Document Number of the limited liability company is: L13000134386

**THIRD:** The street address of the limited liability company's principal office is:  
6982 PAUL MAR DR.

LAKE WORTH FL 33462

The mailing address of the limited liability company's principal office is:  
6982 PAUL MAR DR.

LAKE WORTH FL 33462

**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: EDUARDO ARRIAGADA

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: EDUARDO ARRIAGADA

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F I L E D

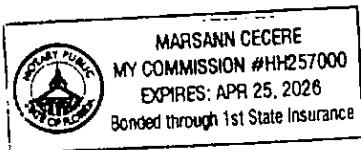
b. No authority granted to: \_\_\_\_\_

Alberto Gregorini, as manager of All Sunshine Management, a Florida Limited Company, Manager of COCONUT 3718, LLC, a Florida Limited Liability Company.

**STATE OF FLORIDA  
COUNTY OF PALM BEACH**

The foregoing instrument was sworn to and subscribed before me by means of  physical presence or  online notarization, this 4th day of JUNE, 2024 by **Alberto Gregorini as manager of All Sunshine Management, a Florida Limited Company, Manager of COCONUT 3718, LLC, a Florida Limited Liability Company** who  is personally known or  has produced a driver's license as identification. *passports*

[Seal]



Notary Public *M*  
Print Name: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

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

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