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## COVER LETTER

	gistration Section vision of Corporations			
SUBJECT:	8855 Collins 9B LLC			
.10031.0.1.		ne of Limited Liability Co	ompany	
Dear Sir or	Madam:			
The enclose	d Statement of Authority and fee	e(s) are submitted for fili	ng.	
Please return	n all correspondence concerning	this matter to the following	ing:	
Rodrigo S.	Da Silva, Esq.			
	Name of Person	-	_	
Law Office	s of Rodrigo S. Da Silva, P.A.			
<del></del>	Firm/Company		<del>_</del>	
777 Arthur	Godfrey Road, Suite 402			22
	Address		<del></del>	- <u>-</u> -
Miami Beac	eh. FL 33140			<del></del>
	City/State and Zip Code		<del></del>	2
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E-i	mail address: (to be used for futu	ire annual report notificat	tion)	<del></del> = = = = = = = = = = = = = = = = = =
For further i	nformation concerning this matt	er, please call:		
Fabio Domi	ngos	650 at (	3072414	
	Name of Person	Area Cod	e Daytime Telephone Number	r

# 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

W

## STATEMENT OF AUTHORITY

ascer ee	The name of the limited liability company is:	
IKST: II	he name of the finited hability company is:	
ECOND:	: The Florida Document Number of the limited liability company is:	
HIRD: T	The street address of the limited liability company's principal office is:	
	855 Collins Avenue, Apt 9B	
St	urfside. FL 33154	21677-12
		- ;
_		
	The mailing address of the limited liability company's principal office is: 855 Collins Avenue, Apt 9B	40 ga 
_	urfside, FL 33154	ာ ်
	uriside, FE 55124	_
osition of a	: This statement of authority grants or sets limitations of authority on all persons having a person in a company, whether as a member, transferee, manager, officer or otherwise the following:  May execute an instrument transferring real property held in the name of the compan	or to a specific
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Certified Copy: \$30.00 (optional)

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