

LB000143951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

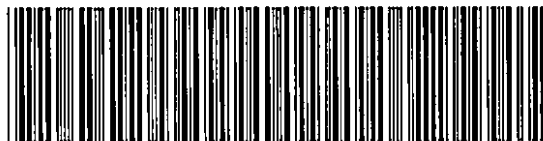
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/18/25



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2018

wpy

SARAH BARBACCIA
942 SW 93 TERR
PLANTATION, FL 33324

SUBJECT: 2529 SE 15TH PL LLC
Ref. Number: L13000143951

We have received your document for 2529 SE 15TH PL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file an annual report with our office. Therefore, the document you submitted cannot be filed until the entity is reinstated on our records. Please return to our website at www.sunbiz.org, click on 'Reinstatement' under the filing services menu and then follow the instructions.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 118A00023112

2018 DEC -4 11:11 AM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2529 SE 15th PI 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

sharbaccia@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)

Area Code

748-4890

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

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2020-11-23 PM 3:13

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: 2529 SE 15th PI LLC

SECOND: The Florida Document Number of the limited liability company is: L13000143951

THIRD: The street address of the limited liability company's principal office is:
805 N. ANDREWS AVENUE

FT. LAUDERDALE, FL 33311

The mailing address of the limited liability company's principal office is:
805 N. ANDREWS AVENUE

FT. LAUDERDALE, FL 33311

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.

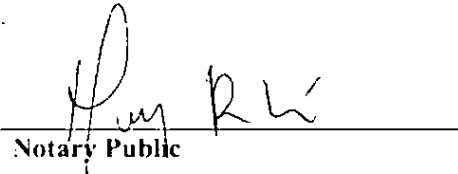
a. Granted to: Sarah Barbaccia, Esq.

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: Sarah Barbaccia, Esq.

SEAL:



Mary Rose León
Printed Notary Name

1990

b. No authority granted to: _____



Franck Nogues

The foregoing instrument was sworn and subscribed before me this 5th day of March, 2018, by FRANCK NOGUES, who produced French Passport as identification.

SEAL:





Notary Public

LAURA LEFEBVRE

Printed Notary Name

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)