

L13000149640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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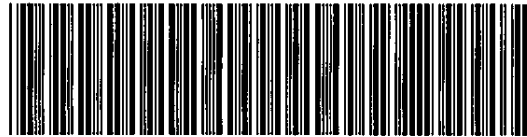
(Business Entity Name)

(Document Number)

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2014 SEP -2 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan SEP -9 2014

*Marlene Leon-Rubido*

Attorney At Law

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August 29, 2014

Division of Corporation  
Florida Department of State  
Registration Section  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: Coast Brickell Apartments, LLC**

Dear Sir or Madam:

As per your instructions, enclosed are the following:

1. Statement of Authority.
2. Check in the sum of \$25.00, representing your fee for the filing.

Thank you for your courtesies and please do not hesitate to contact me if you have any questions.

Sincerely,



Marlene Leon-Rubido, Esquire

Enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COAST BRICKELL APARTMENTS, 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:**

Name of Person

**Marlene Leon-Rubido, Esq.**

Firm/Company

6780 Coral Way

**Address**

**Miami, Florida 33155**

City/State and Zip Code

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

**For further information concerning this matter, please call:**

Name of Person \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
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: COAST BRICKELL APARTMENTS, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L13000149640

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

8500 West Flagler Street, Suite B-209

Miami, Florida 33144

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

8500 West Flagler Street, Suite B-209

Miami, Florida 33144

**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: MEMBERS, ONLY


b. No authority granted to: Manager

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

a. Granted to: Manager, Sergio Mannarino

b. No authority granted to: Manager

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
\_\_\_\_\_  
Signature of authorized representative

\_\_\_\_\_  
Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**