

43000170168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200271700652

04/13/15--01026--003 **25.00

FILED
2015 APR 13 PM 4:00
TALAHASSEE FLORIDA

APR 23 2015
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MILANO HOMES, 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:

ANDREA ROSSI
Name of Person

MILANO HOMES, LLC
Firm/Company

32 SOUTH OSPREY AVE STE 102
Address

SARASOTA FL 34236
City/State and Zip Code

@rivalta.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vanessa Houston at (941) 954-0355 (x306)
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

FILED
2015 APR 13 PM 4:00
TALLAHASSEE FLORIDA
CLERK OF STATE

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: MILANO HOMES, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000170168

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

32 SOUTH OSPREY AVE.
SUITE 102
SARASOTA FL 34236

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

32 SOUTH OSPREY AVE
SUITE 102
SARASOTA FL 34236

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: ANDREA ROSSI

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: ANDREA ROSSI

b. No authority granted to: _____

[Signature]
Signature of authorized representative

ANDREA ROSSI
Typed or printed name of signature

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

FILED
2015 APR 13 PM 4:00
CLERK OF STATE
TALLAHASSEE FLORIDA