

L13000173905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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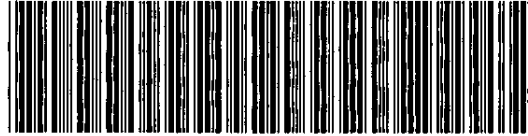
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 05 2015
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cygnecrest Capital, 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:

Peter Sobota, Esquire

Name of Person

SOBOTA P.L.

Firm/Company

12555 Orange Drive

Address

Davie, FL 33330

City/State and Zip Code

psobota@sobotalaw.com

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

For further information concerning this matter, please call:

Peter Sobota, Esquire at (**954**) **668-2782**
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: Cygnetcrest Capital, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000173905

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

14150 SW 129th Street

Miami, FL 33186

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

14150 SW 129th Street

Miami, FL 33186

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: Albert Sotero a/k/a Adalberto Sotero

a/k/a Adalberto L. Sotero

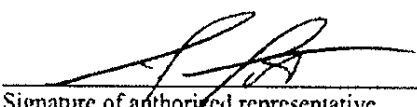
b. No authority granted to: n/a

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

a. Granted to: Albert Sotero a/k/a Adalberto Sotero

a/k/a Adalberto L. Sotero

b. No authority granted to: n/a


Signature of authorized representative

Adalberto Sotero

Typed or printed name of signature

✓ Filing Fee: \$25.00

✓ Certified Copy: \$30.00 (optional)

\$55.00 enclosed

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