

L13000176957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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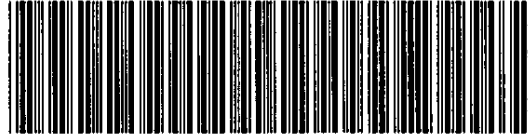
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sanpo Giri 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:

Lourdes Gomez

Name of Person

Firm/Company

2355 Salzedo St #314

Address

Coral Gables, FL 33134

City/State and Zip Code

lourdesgomezrealtor@aol.com

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

For further information concerning this matter, please call:

Maria C. Arriola Velez

at (

305

461-9223

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: Sanpo Giri LLC

SECOND: The Florida Document Number of the limited liability company is: L13000176957

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

c/o Lourdes Gomez

2355 Salzedo St #314

Coral Gables, FL 33134

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

Same as above

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: Gemma Marchegiani or Lourdes Gomez

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: Gemma Marchegiani or Lourdes Gomez

b. No authority granted to: _____

Gemma Marchegiani
Signature of authorized representative

Gemma Marchegiani
Typed or printed name of signature

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

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HALL COUNTY, FLORIDA

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS****Detail by Entity Name****Florida Limited Liability Company**

SANPO GIRI LLC

Filing Information

Document Number	L13000176957
FEI/EIN Number	43-2119513
Date Filed	12/26/2013
Effective Date	12/26/2013
State	FL
Status	ACTIVE

Principal Address

c/o Lourdes Gomez
2355 Salzedo #314
CORAL GABLES, FL 33134

Changed: 04/20/2015

Mailing Address

c/o Lourdes Gomez
2355 Salzedo #314
CORAL GABLES, FL 33134

Changed: 04/20/2015

Registered Agent Name & Address

VELEZ, MARIA C ARRIOLA
35 ALMERIA AVE
CORAL GABLES, FL 33134

Name Changed: 04/20/2015

Authorized Person(s) Detail**Name & Address**

Title MGR

MARCHEGIANI, GEMMA
c/o Lourdes Gomez, 2355 salzedo #314
CORAL GABLES, FL 33134

Annual Reports

Report Year	Filed Date
2014	04/02/2014
2015	04/20/2015
2016	04/18/2016

Document Images04/18/2016 -- ANNUAL REPORT[View image in PDF format](#)04/20/2015 -- ANNUAL REPORT[View image in PDF format](#)04/02/2014 -- ANNUAL REPORT[View image in PDF format](#)12/26/2013 -- Florida Limited Liability[View image in PDF format](#)

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