

L14 00016162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

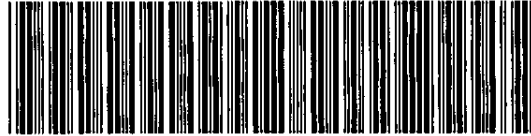
(Business Entity Name)

(Document Number)

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DEPARTMENT OF REVENUE  
DIVISION OF CORPORATE & PERSONAL TAXES  
15 MAR -3 PM 12:07  
FILED

J. Strickland MAR 18 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**REMOVAL SERVICES MIAMI LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**ALEXEY LITVINOV**

\_\_\_\_\_  
Name of Person

**REMOVAL SERVICES MIAMI LLC**

\_\_\_\_\_  
Firm/Company

**16919 N. BAY RD, # 310**

\_\_\_\_\_  
Address

**SUNNY ISLES BEACH, FL 33160**

\_\_\_\_\_  
City/State and Zip Code

**lelik\_780@mail.ru**

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

For further information concerning this matter, please call:

**ALEXEY LITVINOV**

**305**

**5869088**

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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: REMOVAL SERVICES MIAMI LLC

**SECOND:** The Florida Document Number of the limited liability company is: L14000016162

**THIRD:** The street address of the limited liability company's principal office is:  
16919 N. BAY RD, # 310  
SUNNY ISLES BEACH, FL 33160

The mailing address of the limited liability company's principal office is:  
16919 N. BAY RD, # 310  
SUNNY ISLES BEACH, FL 33160

**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: ALEXEY LITVINOV


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: ALEXEY LITVINOV

b. No authority granted to: \_\_\_\_\_

FILED  
15 MAR -3 PM 12:07  
CLERK OF COUNTY OF MIAMI  
DADE COUNTY

  
Signature of authorized representative

ALEXEY LITVINOV  
Typed or printed name of signature

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