

L14 0000 26406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hugo's Maintenance Services LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hugo Rodriguez

Name of Person

[Signature]

Firm/Company

754 Sun Tree Circle Apt 134  
Address

Orlando, FL 32807  
City/State and Zip Code

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

For further information concerning this matter, please call:

Hugo Rodriguez at ( 407 ) 617 55 87  
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: Hugo's Maintenance Service LLC

SECOND: The Florida Document Number of the limited liability company is: \* L140000 26406

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

7541 Sun tree circle Apt 134  
Orlando FL 32807

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

Same

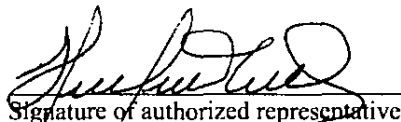
FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

- a. Granted to: Hugo Rodriguez (can you please  
Add my name Hugo Rodriguez as the  
Authorized person so I can open the bank account)
- 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: Hugo Rodriguez
- b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

HUGO Rodriguez  
Typed or printed name of signature

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