

L14000040555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

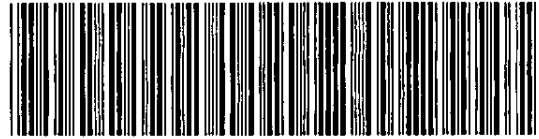
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CSV Properties, 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:

Pat McNab

Name of Person

Colodny Fass, P.A.

Firm/Company

1401 NW 136th Avenue, Suite 200

Address

Sunrise, FL 33323

City/State and Zip Code

svillardito@dttn group.com

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

For further information concerning this matter, please call:

Samuel T. Villardito, Manager

Name of Person

708
at ()

Area Code

254-9555

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: CSV Properties, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000040699

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

1900 Harrison Street

Hollywood, Florida 33020

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

1900 Harrison Street

Hollywood, Florida 33020

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: Samuel T. Villardito, Manager

b. No authority granted to: Curtis Green

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

a. Granted to: Samuel T. Villardito, Manager

b. No authority granted to: Curtis Green



Signature of authorized representative

Samuel T. Villardito, Manager

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

FILED IN 22

16 MAR 22 PM 3:55

APPROVED
FILED