

L140000 51975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JUL 21 PM 4:38

JUL 21 2014  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 190 16th AVENUE SOUTH, 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:

MARK J. PRICE, ESQ.

Name of Person

ROETZEL & ANDRESS, LPA

Firm/Company

850 PARK SHORE DRIVE - THIRD FLOOR

Address

NAPLES, FLORIDA 34103

City/State and Zip Code

MPRICE@RALAW.COM

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

For further information concerning this matter, please call:

MARK J. PRICE

239

649-6200

Name of Person

at ( )

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: 190 16th AVENUE SOUTH, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000051975

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

305 PARK SHORE DRIVE APT 241

NAPLES, FLORIDA 34103-2611

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

305 PARK SHORE DRIVE APT 241

NAPLES, FLORIDA 34103-2611

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: MARITA GASTALDELLO

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: MARITA GASTALDELLO

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

  
Signature of authorized representative

ALVARO DE JESUS TOMAS

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)