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COVER LETTER

TO: Registration Section Division of Corporations			
516 At Coral Gate East, LLC SUBJECT:			
	d Liability Comp	pany	
Dear Sir or Madam:			
The enclosed Statement of Authority and fee(s) are sub-	mitted for filing.		
Please return all correspondence concerning this matter	to the following:		
Jose R. Centeno Moreno			
Name of Person			
			
Firm/Company			
4759 NW 72 Avenue Address			
Miami, FL 33166			
City/State and Zip Code			
Joracen_1@hotmail.com			20 TO
E-mail address: (to be used for future annual r	report notification	1)	
For further information concerning this matter, please of	call:		- S C C C
Jose R. Centeno Moreno	786 at (458-7238	
Name of Person	Area Code	Daytime Telephone Number	i: 12
Mailing Address:		Street Address:	7
D. C. C.		Pagistestian Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: 516 At Coral Gate East, LLC SECOND: The Florida Document Number of the limited liability company is: £14000156761 THIRD: The street address of the limited liability company's principal office is: 3057 NW 107 Avenue Miami, FL 33172 The mailing address of the limited liability company's principal office is: 4759 NW 72 Avenue Miami, FL 33166 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:___ 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: Jose R. Centeno Moreno No authority granted to: Typed or printed name of signature Signature of authorized representative \$25.00 Filing Fee:

Certified Copy: \$30.00 (optional)

SECKETARY OF STAIL