

3/28/22, 4:27 PM

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L14000172435

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H22000113751 3)))



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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : LAW OFFICES TONY PORNPRIYA  
 Account Number : I20010000164  
 Phone : (305)893-8989  
 Fax Number : (305)891-7717

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 COASTAL CONDOS, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 02      |
| Estimated Charge      | \$55.00 |

2022 MAR 28 PM 4:46

RECEIVED STATE  
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2022 MAR 28 AM 9:51

APPROVED  
 AND  
 FILED

(((H22000113751 3)))

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COASTAL CONDOS, 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:

JAMES EDWARDS  
Name of Person

COASTAL CONDOS, LLC  
Firm/Company

7601 E Treasure Drive  
Address

North Bay Village, FL 33141  
City/State and Zip Code

James.r.edw@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES EDWARDS at ( 786 ) 301 8006  
Name of Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

CR2E138 (2-14)

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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: COASTAL CONDOS, LLC

SECOND: The Florida Document Number of the limited liability company is: 214000172435

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

c/o First Equitable Realty III, Ltd  
7601 E. Treasure Dr, Suite 1709  
North Bay Village, FL 33141

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

c/o First Equitable Realty III, Ltd  
7601 E. Treasure Dr Suite 1709  
North Bay Village, FL 33141

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 JAMES EDWARDS

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 JAMES EDWARDS

b. No authority granted to.

APPROVED AND FILED  
2022 MAR 28 AM 9:51  
CLERK OF DISTRICT COURT  
DADE COUNTY, FLORIDA

Charles C. Edwards  
Signature of authorized representative

Dr Charles C Edwards, President  
First Equitable Realty III, Inc, General Partner of  
First Equitable Realty III Ltd, Sole member of Coastal  
Condos, LLC  
Typed or printed name of signature

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

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