

L14 000181639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

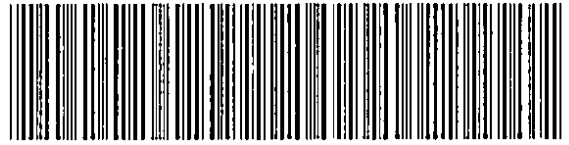
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600345813916

06/08/20--01001--005 **25.00

2020 JUN -5 PM 3:21

2020 JUN -5 AM 9:54

FILED

Y. SULKER

JUN 08 2020

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1. COLLAINS 3305, LLC
Corporation Name Document #

☒ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified Copy

☐ Certificate of Good Standing

NEW FILINGS

AMENDMENTS

☐ Profit

☐ Amendment

☐ Not for Profit

☐ Resignation of R.A. Officer/Director

☐ Limited Liability

☐ Change of Registered Agent

☐ Domestication

☐ Dissolution/Withdrawal

☒ Other - Statement of Authority

☐ Merger

OTHER FILINGS

REGISTRATION/QUALIFICATIONS

☐ Annual Report

☐ Foreign

☐ Fictitious Name

☐ Limited Partnership

☐ Reinstatement

☐ APOSTIL

☐ Trademark

☐ Other

COUNTRY

EXAMINER'S INITIALS:

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: COLLINS 3305 LLC

SECOND: The Florida Document Number of the limited liability company is: L14000181639

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

5220 S University Drive

Suite C-102

Davie, FL 33328

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

5220 S University Drive

Suite C-102

Davie, FL 33328

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:

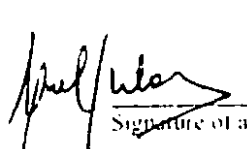
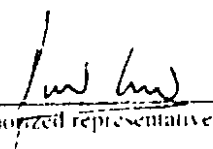
a. Granted to Sandra M. Ferrera

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 _____

b. No authority granted to _____

 
Signature of authorized representative

Miguel Jose Coghlan Tomas Tadeo G.

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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2020 JUN -5 AM 11:04
SECTION 1
FALLOUT 110000

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