

L14000187190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

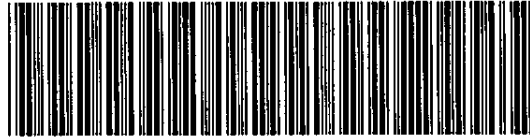
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2016 APR -5 P 12:12

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**COVER LETTER**

**TO:** Registration Section,  
Division of Corporations

**SUBJECT:** **REMAL 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:

**Robert Feldman, Esq.**

\_\_\_\_\_  
Name of Person

**Law Offices of Robert Feldman, P.A.**

\_\_\_\_\_  
Firm/Company

**55 NE 5th Ave Ste 500**

\_\_\_\_\_  
Address

**Boca Raton, Fl. 33432**

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

**Renee Maloof**

\_\_\_\_\_  
Name of Person

**561**

\_\_\_\_\_  
Area Code

**706-8030**

\_\_\_\_\_  
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: Remal LLC

SECOND: The Florida Document Number of the limited liability company is: L14000187190

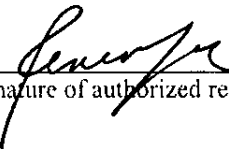
THIRD: The street address of the limited liability company's principal office is:  
8185 Via Ancho Road  
#880905  
Boca Raton, Fl. 33488

The mailing address of the limited liability company's principal office is:  
8185 Via Ancho Road  
#880905  
Boca Raton, Fl. 33488

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: Renee Maloof
  - 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: Renee Maloof
  - b. No authority granted to: \_\_\_\_\_

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 TALLAHASSEE, FLORIDA

  
Signature of authorized representative

Renee Maloof  
Typed or printed name of signature

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