

215000002116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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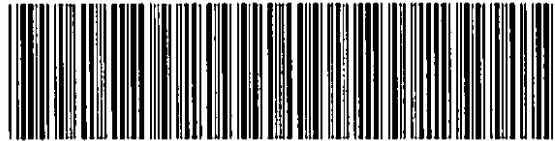
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

BRUCE
JUL 26 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LA5 PROPERTY MANAGEMENT AND INVESTMENT, 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:

LEONID NERDINSKY

Name of Person

NERDINSKY LAW GROUP PA

Firm/Company

3800 S OCEAN DR SUITE 242

Address

HOLLYWOOD, FL 33019

City/State and Zip Code

LNERDINSKY@NERDINSKYLAW.COM

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

For further information concerning this matter, please call:

LEONID NERDINSKY

Name of Person

954

Area Code

2376307

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

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TALLAHASSEE FLORIDA

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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:

LA5 PROPERTY MANAGEMENT AND INVESTMENT, LLC

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

L15000002116

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

**637 LAKE BLVD
WESTON, FL 33326**

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

**637 LAKE BLVD
WESTON, FL 33326**

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.

Paulo Lima, as Authorized Signatory, has the following authority with respect to the company property located at 19201 Collins Avenue, Unit 901, Sunny Isles Beach, FL 33160 only ;

(a) Execution of any and all documents necessary for the sale/closing of the aforementioned Property, including but not limited to the Listing Agreement, Sale and Purchase Agreement/Contract, Seller Closing Documents (including but not limited to the Warranty Deed, Seller's Affidavit and Bill of Sale), Settlement Statement/HUD/Closing Disclosure and addendum thereto, and any and all other necessary instruments for the closing of the sale and conveyance of title related thereto.

(b) Actual conveyance, transfer, sale and/or other disposition of the aforementioned Property and execution of any and all documents necessary for the conveyance, transfer, sale and/or other disposition of the Property, including but not limited to the Warranty Deed, Seller's Affidavit and Bill of Sale, Settlement Statement/HUD/Closing

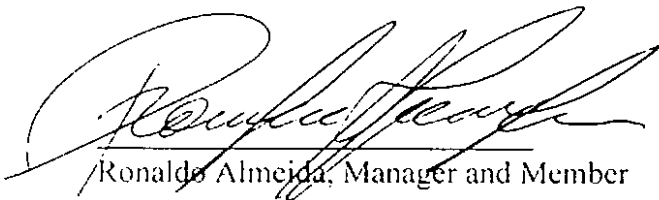
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Disclosure, Company Affidavit and any and all other necessary instruments for the closing of the transaction.


(c) Provision of disbursement instructions for disbursement/issuance of Seller Proceeds including but not limited to wiring instructions. I further authorize the closing/escrow agent to rely completely on disbursement/wiring instructions for disbursement/issuance of Seller Proceeds as provided to closing/escrow agent by Agent, provided that the wiring instructions are for the account of the Company, listing the Company as the beneficiary/account holder.

THIS STATEMENT OF AUTHORITY SHALL EXPIRE 60 DAYS AFTER FILING OR UPON SALE OF THE PROPERTY INDICATED ABOVE, WHICHEVER IS EARLIER.

Signed by


Ronaldo Almeida, Manager and Member

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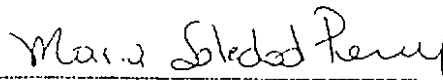

Jeannie Lima Almeida, Manager Member

State of FLORIDA
County of BROWARD

Sworn to (or affirmed) and subscribed before me this 13 day of
JULY, 2018 by RONALDO ALMEIDA AND JEANNIE LIMA ALMEIDA
who ☐ is personally known to me or ☒ produced a FL DRIVER LICENSE
as identification, regarding the attached instrument described as:
STATEMENT OF AUTHORITY
and to whose signature this notarization applies.



MARIA SOLEDAD PARRA
Notary Public, State of Florida
Commission# GG 64684
My comm. expires Jan 22, 2021


notary public signature

MARIA SOLEDAD PARRA
notary public printed name