## L15000020978

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	<del>;</del> #)
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## **COVER LETTER**

	 6241 & 6265 West 22 Co	ourt, LLC	
SUBJECT: _		of Limited Liability Com	pany
Dear Sir or M	adam:	. 1861	
The enclosed	Statement of Authority and fee(s)	are submitted for filing.	
Please return a	all correspondence concerning thi	is matter to the following	:
Mark S. S	chechner, Esquire		
	Name of Person		
Mark S. S	chechner, P.A.		
	Firm/Company		
2121 Pond	ce de Leon Blvd., Suite 7	11	
	Address		
Coral Gab	les, Florida 33134-5222		
<del></del>	City/State and Zip Code		
marksched	chner@aol.com		
E-ma	ail address: (to be used for future	annual report notification	n)
For further inf	ormation concerning this matter,	please call:	
Mark S. S	chechner	305	446-1621
	Name of Person	Area Code	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 FILE D

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ECRETARY OF STATE

## 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:

6241 & 6265 West 22 Court, LLC

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

L15000020978

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

16500 SW 66 Street
Miami, Florida 33193

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

16500 SW 66 Street

Miami, Florida 33193

**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: Gerardo Ricardo de Armas
  - b. No authority granted to: NONE
- 2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
  - a. Granted to: Gerardo Ricardo de Armas
  - b. No authority granted to: NONE

Gerardo Ricardo de Armas

Typed or printed name of signature

Signature of authorized representative

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

CR2E138 (2/14)

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## STATEMENT OF AUTHORITY

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	b. No authority granted to: NONE
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.  a. Granted to: Gerardo Ricardo de Armas
	b. No authority granted to: NONE
8ignadur	Gerardo Ricardo de Armas  Typed or printed name of signature  Filing Fee: \$25.00
CR2E13	8 (2/14)