LISOOUGZLAZS

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	· #)
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COVER LETTER

TO: Registration Section Division of Corporations		
12725 RE Venture, LLC		
SUBJECT: Name of L	imited Liability Compa	any
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are	submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
–		
Jamie Tarich		
Name of Person		
The Tarich Law Firm P.A.		
Firm/Company		
19495 Biscayne Blvd Suite 606		
Address		
Aventura, FL 33180		
City/State and Zip Code		
jamie@thetarichlawfirm.com		
E-mail address: (to be used for future ann	ual report notification)	
For further information concerning this matter, ple	ase call:	
Jamie Tarich	305	503-5095
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	Registratio	f Corporations
2661 Evecutive Center Circle	Tallahasse	e Florida 32314

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

FIRST: The name of the limited liability company is: 12725 RE Venture, LLC						
SECOND	: The Florida Document Number of the limited liability company is: L15000026928					
	The street address of the limited liability company's principal office is: 1110 Brickell Avenue Suite 303					
	Miami, Florida 33131					
	The mailing address of the limited liability company's principal office is: 1110 Brickell Avenue Suite 303					
	Miami, Florida 33131					
person on	f a person in a company, whether as a member, transferee, manager, officer or otherwise of the following: . May execute an instrument transferring real property held in the name of the company: a. Granted to: Javier Heuser and Jamie Tarich, each one acting alone					
	b. No authority granted to:	21 AM 7:	The Court of the			
	May enter into other transactions on behalf of, or otherwise act for or bind, the compa	iny.				
2	a. Granted to: Javier Heuser					
2	a. Granted to: b. No authority granted to:					