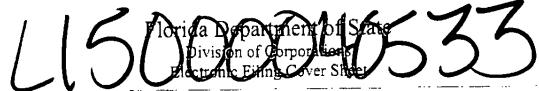
6/10/2021

Division of Corporations



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(((H21000229963 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.

Account Number : 076624003440 Phone : (305)444-6226 Fax Number : (305)442-4829

:17

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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H21000229963 3 COVER LETTER

	Name of Person	Arca Code	Daytime Telephone Number
LAUR	.A КОНN	305	444-6226 EXT. 233
For fur	ther information concerning this matter, pleas	e call:	
	E-mail address: (to be used for future annu-	al report notification)
LAUR	A@ARAZOZA.COM		·
	City/State and Zip Code		
CORA	L GABLES, FL 33134		
	Address		
2100 S	ALZEDO STREET, SUITE 300		
	Firm/Company		
ARAZ	OZA & FERNANDEZ-FRAGA P.A.		
-	Name of Person		
LAUR	A KOHN		
Please	return all correspondence concerning this mat	ter to the following:	
	closed Statement of Authority and fee(s) are s		
Dear Si	r or Madam:		
	Name of Lim	nited Liability Compa	any
SUBJE	ECCLESTON MILLECENTO L.L.C		
TO:	Registration Section Division of Corporations		

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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H21000229963 3 STATEMENT OF AUTHORITY

authority:	2(1). Florida Statutes, this limit			atement o	1
FIRST: The name of the lin	nited liability company is: EC	CLESTON MILLECENT	O L.L.C.		_
SECOND: The Florida Do	cument Number of the limited	liability company is: L15	000040533		<u> </u>
THIRD: The street address	of the limited liability compar LAND DR	y's principal office is:			
MIAMI, FL 33149					21
		<u> </u>		L L	ال 21ا
The mailing addr 19234 FISHER IS	ess of the limited liability com	pany's principal office is		LAHASSEE	2021 JUN 10
MIAMI, FL 33149)F S [АН 6
				FLORID.	0.1 :8
	carolina GENTIN				
b. No a	uthority granted to:				
	o other transactions on behalf				
b. No a	uthority granted to:				
	<u> </u>			ur 7	
Signature of authorized rep	resentative		O YANEZ MARTIN printed name of sign		
	Filing Fee:	\$25.00 py: \$30.00 (optional)			