

5/10/2021

Division of Corporations

**L1500040533**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 JUN 10 AM 03:40

111 E.C.

**\*\*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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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ECCLESTON MILLECENTO L.L.C.**

Certificate of Status	1
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21 JUN 10 PM 3:05

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Corporate Filing Menu

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COVER LETTERTO: Registration Section  
Division of CorporationsSUBJECT: ECCLESTON MILLECENTO L.L.C.  
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:

LAURA KOHN

Name of Person

ARAZOZA &amp; FERNANDEZ-FRAGA P.A.

Firm/Company

2100 SALZEDO STREET, SUITE 300

Address

CORAL GABLES, FL 33134

City/State and Zip Code

LAURA@ARAZOZA.COM

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

For further information concerning this matter, please call:

LAURA KOHN

Name of Person

305

at ( )  
Area Code

444-6226 EXT. 233

Daytime Telephone Number

**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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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: ECCLESTON MILLECENTO L.L.C.

**SECOND:** The Florida Document Number of the limited liability company is: L15000040533

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

19234 FISHER ISLAND DR

MIAMI, FL 33149

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

19234 FISHER ISLAND DR

MIAMI, FL 33149

FILED  
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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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: CAROLINA GENTINA

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: \_\_\_\_\_

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

ARMANDO YANEZ MARTINEZ  
Typed or printed name of signature

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