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SEL OF YOUR

COVER LETTER

41.

TO: Registration Section Division of Corporations				
9611 BIRD RD. LLC				
SUBJECT: Name of Lim	ited Liability Com	pany	 	
Dear Sir or Madam:				
The enclosed Statement of Authority and fee(s) are su	ibmitted for filing.			
Please return all correspondence concerning this matter	er to the following	:		
MELINDA OSBORNE, REAL ESTATE F	PARALEGAL			
Name of Person	· · · · · · · · · · · · · · · · · · ·			
SAPURSTEIN & BLOCH, P.A.				
Firm/Company		•		
9700 SOUTH DIXIE HWY., SUITE 1000	ı			
Address				
MIAMI, FL. 33156				
City/State and Zip Code		•		
rdumenigo@bellsouth.net				
E-mail address: (to be used for future annua	report notification	n)	2011 SE TALL	
For further information concerning this matter, please	e call:		SEP CRETA	****
Melinda Osborne	305	670-9500	IARY ASSE	
Name of Person	Area Code	Daytime Telepho	one Number >	
STREET/COURIER ADDRESS:		NG ADDRESS:	II: 50 STATE LORIDA	
Registration Section Division of Corporations	Registration Section Division of Corporations			
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314			

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: 9611 BIRD RD. LLC
SECOND: The Florida Document Number of the limited liability company is: L15000118092
THIRD: The street address of the limited liability company's principal office is: 1200 ALTON ROAD
MIAMI BEACH, FL. 33139
The mailing address of the limited liability company's principal office is: 1200 ALTON ROAD
MIAMI BEACH, FL. 33139
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: RODOLFO DUMENIGO
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: RODOLFO DUMENIGO
b. No authority granted to: RODOLFO DUMENIGO
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional) CR2E138 (2/14)