

L15000150748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VAV 78 LLC

\_\_\_\_\_  
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:

Julie G. Cohen

\_\_\_\_\_  
Name of Person

Strock & Cohen, Zipper Law Group, P.A.

\_\_\_\_\_  
Firm/Company

2900 Glades Circle, Suite 750

\_\_\_\_\_  
Address

Weston, FL 33327

\_\_\_\_\_  
City/State and Zip Code

jcohen@strocklaw.com

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

For further information concerning this matter, please call:

Julie G. Cohen

\_\_\_\_\_  
Name of Person

at ( 954 )

Area Code

634-1771

\_\_\_\_\_  
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

### 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: VAV 78 LLC

**SECOND:** The Florida Document Number of the limited liability company is: L15000150748

**THIRD:** The street address of the limited liability company's principal office is:  
10600 NW 88 Street, # 108, Doral, FL 33178

The mailing address of the limited liability company's principal office is:  
10094 NW 88th Terrace, Doral, FL 33178

**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: Antonio Vera Ribas OR  
Maria E Arbelo Diaz

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: Antonio Vera Ribas OR  
Maria E Arbelo Diaz

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

  
Signature of authorized representative

Antonio Vera Ribas  
Maria E. Arbelo Diaz  
Typed or printed name of signature

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