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J. HARRIS

COVER LETTER

SUBJECT: 52EEN COASY CONSTRUCTION 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:
KEVIN X. AMAYA Name of Person
Name of Person
5196N COAST CONSTRUCTION LLC Firm/Company
3718 WHITTIER ST
Address
Tampa FL 33619 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
KEV; N X. AMAYA at (8/3) 327 - 0455 Name of Person Area Code Daytime Telephone Number
Name of Person / Area Code Daytime Telephone Number
CERTIFICATION ADDRESS MAN INC. ADDRESS

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Registration Section
Division of Corporations

TO:

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Florida 32314

STATEMENT OF AUTHORITY

authority: FIRST: The name of the limited liability company is: Company Submatter Company Company	_
SECOND: The Florida Document Number of the limited liability company is:	5000 15 48115
THIRD: The street address of the limited liability company's principal office is:	
3718 WHITTIER ST TAMPA FL 33619	
TAMPA FL 33619	
The mailing address of the limited liability company's principal office is: 3718 WHITER 57 TAMPA FL. 33619	
	
FOURTH: This statement of authority grants or sets limitations of authority on all p position of a person in a company, whether as a member, transferee, manager, officer person on the following: 1. May execute an instrument transferring real property held in the name o a. Granted to:	or otherwise or to a specific
b. No authority granted to:	PH 1:04
2. May enter into other transactions on behalf of, or otherwise act for or bi	ind, the company.
a. Granted to: JOSUE LEVIT BELLO)
FL IDENTIFICATION CARD: B400-43	12-98-067-0
b. No authority granted to:	
KEVIN	X. AMAYA
Signature of authorized representative Typed or pr	
Filing Fee: \$25.00	rinted name of signature