L15000 202217

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	PARADISE CITY INVESTM	ENTS LLC		
GUDUL		imited Liability Com	pany	
Dear Si	or Madam:			
The enc	losed Statement of Authority and fee(s) an	e submitted for filing.	•	
Please n	eturn all correspondence concerning this m	natter to the following	:	
MARC	CO ZANNA			
	Name of Person			
	Firm/Company			
710 V	/ASHINGTON AVE. #405			
	Address			
MIAM	I BEACH, FL 33139			
	City/State and Zip Code			
MARC	COZANNAUSA@YAHOO.COM			
	E-mail address: (to be used for future and		1)	
For furt	her information concerning this matter, ple	ase cali:		
MAR	CO ZANNA	305	985-8785	
	Name of Person	Area Code	Daytime Telephone Number	
	STREET/COURIER ADDRESS:	MAILIN	G ADDRESS:	
Registration Section Division of Corporations Clifton Building			Registration Section Division of Corporations P.O. Box 6327	
	2661 Executive Center Circle		ice, Florida 32314	
	Taliahassee, Florida 32301			

CR2E138 (2/14)

FILED

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SHAPP PARK STATE

STATEMENT OF AUTHORITY

authority:	tes, this limited liability company submits the following statement of				
FIRST: The name of the limited liability com	pany is: PARADISE CITY INVESTMENTS LLC				
SECOND: The Florida Document Number of	the limited liability company is: L15000202217				
THIRD: The street address of the limited liab 710 WASHINGTON AVE. #4	ility company's principal office is:				
MIAMI BEACH, FL 33139					
The mailing address of the limited li	iability company's principal office is:				
MIAMI BEACH, FL 33139	MIAMI BEACH, FL 33139				
position of a person in a company, whether as a person on the following:	or sets limitations of authority on all persons having the status or a member, transferee, manager, officer or otherwise or to a specific ferring real property held in the name of the company. ZANNA				
b. No authority granted to:					
May enter into other transactions a. Granted to: MARCO	s on behalf of, or otherwise act for or bind, the company. ZANNA				
b. No authority granted to:					
Que from	ANNA LEONI				
	Typed or printed name of signature filing Fee: \$25.00 (optional)				

CR2E138 (2/14)