

L16000077898

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

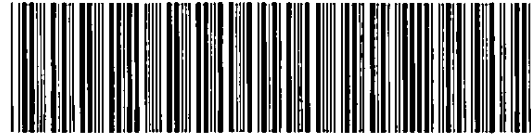
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
JUL - 7 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

6276 Grand Cypress, LLC

**SUBJECT:** \_\_\_\_\_  
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:

Gregory A. Moore

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

Gregory A. Moore, P.A.

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

7951 Riviera Boulevard, Suite 201

\_\_\_\_\_  
Address

Miramar, Florida 33023

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

Gmooreesq@aol.com

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

For further information concerning this matter, please call:

Gregory A. Moore

305

557-3161

\_\_\_\_\_  
at ( \_\_\_\_\_ )

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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: 6276 Grand Cypress, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L16000077898

**THIRD:** The street address of the limited liability company's principal office is:  
17083 N.W. 11th Street

Pembroke Pines, Florida 33028

The mailing address of the limited liability company's principal office is:  
17083 N.W. 11th Street

Pembroke Pines, Florida 33028

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CLERK OF COUNTY OF FLORIDA  
PENSACOLA

**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.

Gregory A. Moore

a. Granted to: \_\_\_\_\_

All others

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

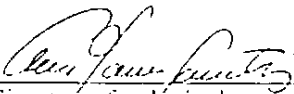
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

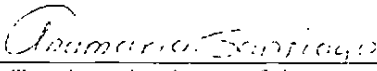
Gregory A. Moore

a. Granted to: \_\_\_\_\_

All others

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

  
Signature of authorized representative

  
Typed or printed name of signature

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