

L14000097007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

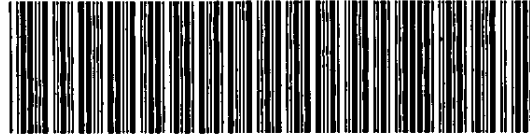
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILING OFFICE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2016

BETH MILLER
645 VASSAR ST
ORLANDO, FL 32804

SUBJECT: CLEARWATER US 19 LLC
Ref. Number: W16000035762

We have received your document for CLEARWATER US 19 LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by this name.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 016A00010360

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clearwater US 19 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:

Beth W. Miller

Name of Person

Beth W. Miller, P.A.

Firm/Company

645 Vassar Street

Address

Orlando, FL 32804

City/State and Zip Code

bethmillerlaw@bellsouth.net

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

For further information concerning this matter, please call:

Beth W. Miller

407

246-8092

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: Clearwater US 19 LLC LLC

SECOND: The Florida Document Number of the limited liability company is: L16000093007

THIRD: The street address of the limited liability company's principal office is:

19 East 54th Street

New York, New York 10022

The mailing address of the limited liability company's principal office is:

19 East 54th Street

New York, New York 10022

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: any two of the following three individuals:

George J. Audi, Salim Abboud, or Stefan Johannson

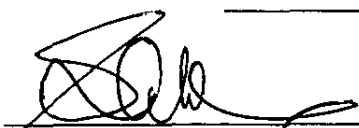
b. No authority granted to: _____

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

a. Granted to: George Audi; Salim Abboud; or

Stefan Johannson

b. No authority granted to: _____



Signature of authorized representative

Salim A. Abboud

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**