

216000 126446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

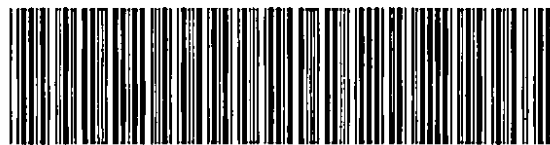
(Business Entity Name)

(Document Number)

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2022 JUN 24 PM 4:14

9/20/2022

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SAN LUCAS R.E., LLC, A FLORIDA LIMITED LIABILITY COMPANY  
\_\_\_\_\_  
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:

ELSA SALCEDO

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

THE ONE LEGAL

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

2525 PONCE DE LEON BLVD, SUITE 300

\_\_\_\_\_  
Address

CORAL GABLES, FLORIDA 33134

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

ESALCEDO@THEONELEGAL.COM

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

For further information concerning this matter, please call:

ELSA SALCEDO

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

305

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

Area Code

444-8431

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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: SAN LUCAS R.E., L.L.C, a Florida limited liability company

**SECOND:** The Florida Document Number of the limited liability company is: L16000126446

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

269 CAMERON DRIVE

WESTON, FL 33326

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

269 CAMERON DRIVE

WESTON, FL 33326

**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: JEANNE FUENTES AS AUTHORIZED SIGNATORY

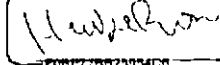
b. No authority granted to: \_\_\_\_\_

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

a. Granted to: N/A

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

DocuSigned by:



Signature of authorized representative

Hugo S. Romero Bonomi

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)