

L 16 CCC 135891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

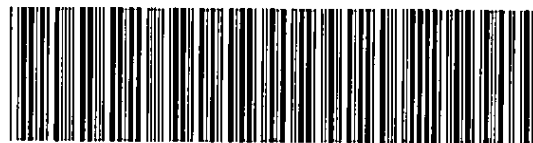
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 118 West 4, 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:

Vivian Chou, Esq.

Name of Person

Law Offices of Vivian Chou, PA

Firm/Company

PO Box 562230

Address

Miami, FL 33256-2230

City/State and Zip Code

VChou@bellsouth.net

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

For further information concerning this matter, please call:

Vivian Chou, Esq.

305

238-3341

at (_____) _____

Name of Person

Area Code

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: 118 West 4, LLC

SECOND: The Florida Document Number of the limited liability company is: L # 16000135891

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

85 Palm Avenue

Miami Beach, FL, 33139

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

85 Palm Avenue

Miami Beach, FL, 33139

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.

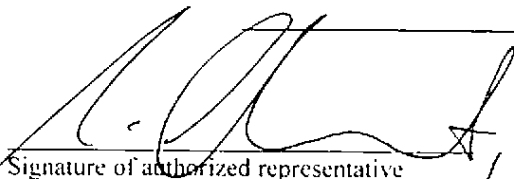
a. Granted to: Mr. Albert Claramonte

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: Mr. Albert Claramonte

b. No authority granted to: _____


Signature of authorized representative

Albert Claramonte
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)