

L16000 20753Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** J.B.A REALSTATE, 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:

John Cunill, Esq.

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

Adorno-Cunill & Damas, PL

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

1000 Brickell Ave., Suite 720

\_\_\_\_\_  
Address

Miami, Florida 33131

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

service@acdfirm.com

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

For further information concerning this matter, please call:

John Cunill

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

305

at (\_\_\_\_\_)\_\_\_\_\_  
Area Code

381-9999

\_\_\_\_\_  
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

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

**SECOND:** The Florida Document Number of the limited liability company is: L16000207532

CORAL GABLES, FL 33134

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

CR2E138 (2/14)

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