

46000216310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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JUL 17 2017

CLOSINGS UNLIMITED, INC.  
10271 SUNSET DRIVE, SUITE D-105  
MIAMI, FLORIDA 33173  
PHONE: 305-273-0033  
FAX: 305-273-0103

July 11, 2017

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

RE: Statement of Authority for:  
"SHDG GROUP LLC a Florida Limited Liability Company"

DEAR SIR/MADAM:

Enclosed herewith please find the Cover Sheet and Request for a certified copy of the Statement of Authority for the above referenced LLC.

I am also including a check in the amount of \$30.00 for the fee of the Certified Copy. Please return the certified copy in the self-addressed stamped envelope included herewith.

I thank you in advance for your prompt and anticipated cooperation to this matter. If you have any questions please feel free to contact me at 305-273-0033

Very truly yours,

CLOSINGS UNLIMITED INC

Jannet H. Rodriguez, Closer

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SHDG Group 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:

Jannet Rodriguez  
Name of Person

Closings Unlimited, Inc.  
Firm/Company

10271 SW 72 Street #D-105  
Address

Miami, Florida 33173  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jannet Rodriguez at ( 305 ) 273-0033  
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: Synthia D. Balmaceda

SECOND: The Florida Document Number of the limited liability company is: 216000216310

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

1160 NE 39 Avenue  
Homestead, Florida, 33033

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

1160 NE 39 Avenue  
Homestead, Florida 33033

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: Synthia D. Balmaceda

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: \_\_\_\_\_

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

  
Signature of authorized representative

Synthia D. Balmaceda  
Typed or printed name of signature

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