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COVER LETTER

Div	vision of Corporations		•
eud ie <i>c</i> t.	VILLA BANYAN, LLC		
SUBJECT:		ne of Limited Liability Comp	pany
Dear Sir or l	Madam:		
The enclose	d Statement of Authority and fe	e(s) are submitted for filing.	
Please retur	n all correspondence concerning	this matter to the following:	:
Christina O	. Geeza, Esq.		
	Name of Person		
Otero Geez	a Law, P.A.		
	Firm/Company		
75 Valencia	a Ave., Fourth Floor		
	Address		
Coral Gable	es, Florida 33134		
	City/State and Zip Code		
service@ot	erolaw.com		
E-:	mail address: (to be used for futi	ire annual report notification	1)
For further i	information concerning this mat	er, please call:	
Christina O	. Geeza, Esq.	305 at (567-9000 Daytime Telephone Number
	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

TO:

Registration Section

STATEMENT OF AUTHORITY

authority	/ :	05.0302(1), Florida Statutes, this limited hability company submits the follow	ving statement of
FIRST:	The name o	of the limited liability company is: VILLA BANYAN, LLC	
SECON	D: The Flor	rida Document Number of the limited liability company is:	
		address of the limited liability company's principal office is:	
	Coconut Gr	rove, FL 33133	_
			7023 .
	The mailir	ng address of the limited liability company's principal office is: Iridge Road	TALLAH KASSEE, FLORID
	Coconut Gr	rove, FL 33133	S. Ho
			: 32
	in the followi	in a company, whether as a member, transferee, manager, officer or otherwise ing: ecute an instrument transferring real property held in the name of the companies. Granted to: Sandra Norniella, Manager, Diana Norniella, Manager, and Ivonne Stephens, Manager, with the majority consent of the	ny. –
	b.	No authority granted to:	_
	2. May er	nter into other transactions on behalf of, or otherwise act for or bind, the com	– pany.
	ą.	Granted to: Sandra Norniella, Manager, Diana	_
		Norniella, Manager, and Ivonne Stephens, Manager, with the majority consent of the	 Mnnnoo
	b.	No authority granted to:	- -
Mu Signatur	cof authoriz	Sandra Norniel Typed or printed name of S25.00	

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)