

L17000032347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

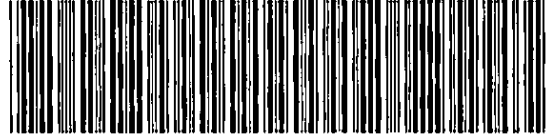
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**COVER LETTER**

**TO:** - Registration Section  
Division of Corporations

**SUBJECT:** ASSIST MY FORECLOSURE, 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:

ERIC MALINASKY

Name of Person

ASSIST MY FORELCOSURE, LLC

Firm/Company

9700 STIRLING RD. SUITE 110

Address

COOPER CITY, FL 33024

City/State and Zip Code

HOMEVENTUREINVESTMENTS@GMAIL.COM

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

For further information concerning this matter, please call:

ERIC MALINASKY

Name of Person

954

at ( )

Area Code

682-6366

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

Persuant 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: ASSIST MY FORECLOSURE, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L17000032347

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

9700 STIRLING RD SUITE 110

COOPER CITY, FL 33024

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

9700 STIRLING RD SUITE 110

COOPER CITY, FL 33024

**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 on a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: ERIC MALINASKY OR TAL LEVINSON

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: ERIC MALINASKY OR TAL LEVINSON

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

  
Signature of authorized representative

ERIC MALINASKY  
Typed or printed name of signature

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