L1700003920Co

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COVER LETTER

TO: Registration Section Division of Corporations		
11TH STREET 102, LLC		
SUBJECT: Name of Li	mited Liability Comp	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Melinda Osborne, Real Estate Paraleg	al	
Name of Person		
Sapurstein & Bloch, P.A.		
Firm/Company		
9700 South Dixie Hwy., #1000		
Address		
Miami, Fl. 33156		
City/State and Zip Code		
rdumenigo@bellsouth.net		
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter, plea	se call:	
Melinda Osborne	305	670-9500
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

Tallahassee, Florida 32301

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: ________11TH STREET 102, LLC SECOND: The Florida Document Number of the limited liability company is: L17000039206 **THIRD:** The street address of the limited liability company's principal office is: 1200 ALTON ROAD MIAMI BEACH, FL. 33139 The mailing address of the limited liability company's principal office is: 1200 ALTON ROAD 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. Granted to:____RODOLFO DUMENIGO b. No authority granted to: May enter into other transactions on behalf of, or otherwise act for or bind, the company. Granted to: RODOLFO DUMENIGO No authority granted to: RODOLFO DUMENIGO Typed or printed name of signature Signature of authorized representative Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)