L1700066361

(Requestor's Name)		
(Address)	200304139572	
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL	10/10/17010450ò4 *≉55.0ò	
(Business Entity Name)		
(Document Number) ppies Certificates of Status		
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S. WARREN

OCT 1 1 2017

COVER LETTER

TO:	Registration Section Division of Corporations		p.
SUBJE	5911 NW 19TH CT LLC		
SUBJE		imited Liability Com	pany
Dear S	ir or Madam:		
The en	closed Statement of Authority and fee(s) are	submitted for filing.	
Please	return all correspondence concerning this m	atter to the following	;
Jack	C. Bharat		
	Name of Person		
5911	NW 19TH CT LLC		
	Firm/Company		
6206	ORCHARD TREE LANE		
	Address		
TAM	ARAC, FL 33319		
	City/State and Zip Code		
jacko	:bharat@aol.com		
	E-mail address: (to be used for future ann	ual report notification	1)
For fur	ther information concerning this matter, ple		
Jack	C. Bharat	954 at (752-8007 Daytime Telephone Number
1	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	Registrat Division P.O. Box	KG ADDRESS: ion Section of Corporations , 6327 see, Florida 32314

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited li- authority:	ability company submits the following statement of	
FIRST: The name of the limited liability company is: 5911 NW 19TH CT LLC		
SECOND: The Florida Document Number of the limited liabil	L17000066361	
FHIRD: The street address of the limited liability company's p 6206 ORCHARD TREE LANE		
TAMARAC, FL 33319		
The mailing address of the limited liability company 6206 ORCHARD TREE LANE	's principal office is:	
TAMARAC, FL 33319		
position of a person in a company, whether as a member, transference on the following: 1. May execute an instrument transferring real prope a. Granted to: Jack C. Bharat	erty held in the name of the company.	
b. No authority granted to: N/A		
2. May enter into other transactions on behalf of, or a. Granted to: Jack C. Bharat	otherwise act for or bind, the company (1) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	
b. No authority granted to: N/A	STATE FLORIDA	
falled.	Jack C. Bharat	
Fignature of authorized representative Filing Fee: Certified Copy: 5	Typed or printed name of signature \$25.00 \$30.00 (optional)	

CR2E138 (2/14)