

L17000207251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

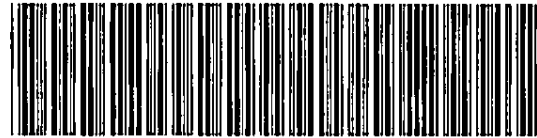
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MALISUABE 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:

JULIE COHEN

\_\_\_\_\_  
Name of Person

STROCK & COHEN ZIPPER LAW GROUP PA

\_\_\_\_\_  
Firm/Company

2900 GLADES CIR STE 750

\_\_\_\_\_  
Address

WESTON, FL 33327

\_\_\_\_\_  
City/State and Zip Code

JCOHEN@STROCKLAW.COM

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

For further information concerning this matter, please call:

JULIE COHEN

954

659-2220

at ( \_\_\_\_\_ )

\_\_\_\_\_  
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

### 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: MALISUABE LLC

**SECOND:** The Florida Document Number of the limited liability company is: L17000207251

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

16831 ROYAL POINCIANA DRIVE

WESTON, FL 33326

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

16831 ROYAL POINCIANA DRIVE

WESTON, FL 33326

**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: Maria Ligia Suarez de Benito or  
Ana Cristina Benito de Calandriello or Jaime Fernando Benito Suarez

b. No authority granted to: Maria Ligia Benito de Negretti a/k/a  
Maria Ligia Benito Suarez

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Maria Ligia Suarez de Benito or  
Ana Cristina Benito de Calandriello or Jaime Fernando Benito Suarez

b. No authority granted to: Maria Ligia Benito de Negretti a/k/a  
Maria Ligia Benito Suarez

Maria Ligia Suarez de Benito  
[Signature]  
Signature of authorized representative

Maria Ligia Suarez de Benito

Ana Cristina Benito de Calandriello

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

2022 FEB -6 PM 10:55