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COVER LETTER

Division of Corporations	-	
GOLD COAST PREMIER MANA	AGEMENT, I	LLC
Name of Limited	l Liability Com	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are subm	nitted for filing.	
Please return all correspondence concerning this matter t	o the following	:
Jorge E. Otero, Esq.		
Name of Person	_	
VALENCIA REGISTERED SERVICES, LL	С	
Firm/Company		
75 Valencia Avenue, Fourth Floor		
Address		
Coral Gables, FL 33134		
City/State and Zip Code		
service@oterolaw.com		
E-mail address: (to be used for future annual re	port notification	n)
For further information concerning this matter, please ca	H:	
Jorge E. Otero, Esq.	305 t (567-9000
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:	

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

TO:

Registration Section

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the follow authority:	
FIRST: The name of the limited liability company is: GOLD COAST PREMIER MANA LLC	AGEMENT,
SECOND: The Florida Document Number of the limited liability company is: L1600022352	6
THIRD: The street address of the limited liability company's principal office is: 16155 SW 117 Avenue, Suite B2	
Miami, FL 33177	-
The mailing address of the limited liability company's principal office is: 16155 SW 117 Avenue, Suite B2	-
Miami, FL 33177	-
FOURTH: This statement of authority grants or sets limitations of authority on all persons having position of a person in a company, whether as a member, transferee, manager, officer or otherwise person on the following: 1. May execute an instrument transferring real property held in the name of the compana. a. Granted to: Raul Garcia	or to a specific
b. No authority granted to:	2018 HAR 12 SLURETARY FALLAHASSE
2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa. a. Granted to: Raul Garcia	<u>'</u> '
b. No authority granted to:	- -
Signature of Authorized representative Filling Fee: \$25.00	rf signature
Certified Copy: \$30.00 (optional) CR2E138 (2/14)	