

L18000056039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2018 MAY 10 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 17, 2018

ANDRE TARRAF  
19008 SW POSITANO WAY  
PORT ST LUCIE, FL 34986 US

SUBJECT: TREASURE COAST LAND EQUITY LLC  
Ref. Number: L18000056039

We have received your document for TREASURE COAST LAND EQUITY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 118A00007735

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Treasure Coast Land Equity 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:

**Andre Tarraf**

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

**Treasure Coast Land Equity LLC**

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

**19008 SW Positano Way**

\_\_\_\_\_  
Address

**Port St. Lucie, FL 34986**

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

**andre-tarraf@hotmail.com**

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

For further information concerning this matter, please call:

**Andre Tarraf** **772** **626-3203**  
\_\_\_\_\_  
Name of Person                      at (                      )                      Area Code                      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

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: Treasure Coast Land Equity LLC

**SECOND:** The Florida Document Number of the limited liability company is: L18000056039

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

19008 SW Positano Way

Port St. Lucie, FL 34986

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

19008 SW Positano Way

Port St. Lucie, FL 34986

**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 a specified person on the following:

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

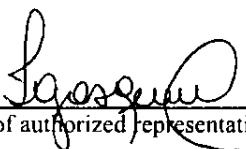
a. Granted to: Ivani Gazquez da Costa

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: Ivani Gazquez da Costa

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

  
Signature of authorized representative

Andre Tarraf

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED  
MAY 10 PM 2:29  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA