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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	: #)
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COVER LETTER

Div	rision of Corporations		
SUBJECT:	EUROMEX GROUP, LLC		
SUBJECT.	Name of Limi	ited Liability Con	pany
Dear Sir or N	Madam:		
The enclosed	d Statement of Authority and fee(s) are su	bmitted for filing.	
Please return	all correspondence concerning this matter	er to the following).).
Lance Gelle			-
	Name of Person		
Lance A. Go	eller, P.A.		
	Firm/Company		•
1680 Michig	gan Ave., #700		
	Address		
Miami Beac	th, FL 33139		
	City/State and Zip Code		
lance@gelle	eresq.com		
E-n	nail address: (to be used for future annual	report notificatio	n)
For further in	nformation concerning this matter, please	call:	
Lance Gelle		305 at (777-2211
	Name of Person	Area Code	Daytime Telephone Number
Mo	niling Address:		Street Address:
1710	mmg radu cos.		Su cot Addi ess.

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO:

Registration Section

STATEMENT OF AUTHORITY

Pursuant authority	nt to section 605.0302(1), Florida Statutes, this limited liability company submits the following statements:	nt of
FIRST:	The name of the limited liability company is:	
SECON	ND: The Florida Document Number of the limited liability company is: L18000070945	
THIRD	260 Cape Florida Dr.	
	Key Biscayne, FL 33149	
	The mailing address of the limited liability company's principal office is: 260 Cape Florida Dr.	
	Key Biscayne, FL 33149	
position	 This statement of authority grants or sets limitations of authority on all persons having the status of a person in a company, whether as a member, transferce, manager, officer or otherwise or to a specion the following: May execute an instrument transferring real property held in the name of the company. a. Granted to: Leticia Rocha de Castilllo - All powers with respect to the sale, transfer, and conveyance of real property held in the name of the company. 	ific
	b. No authority granted to: N/A N/A Solution in the fainte of the company. N/A Solution in the fainte of the company. Solution in the co	7
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the company. a. Granted to: Leticia Rocha de Castillo	
	b. No authority granted to: N/A	
Signatur	RAUL ROCHA CANT Typed or printed name of signature	<u></u>
p-situr	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	