

118000171891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

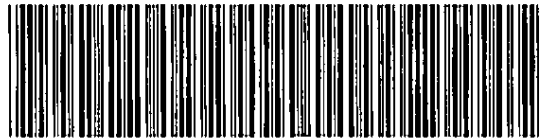
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100321195461

11/30/18--01022--001 \*\*25.00

2018 NOV 30 PM 5:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

UKS-18

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 70TH ST. PETE 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:

AZUREDE ROSS

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

MERIDIAN PARTNERS

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

4923 W. CYPRESS STREET

\_\_\_\_\_  
Address

TAMPA, FL 33607

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

azurede@meridianpartnerslaw.com

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

For further information concerning this matter, please call:

Azurede Ross

813

443-5260

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

\_\_\_\_\_  
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

**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: 70TH ST. PETE LLC

SECOND: The Florida Document Number of the limited liability company is: L18000171891

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

3018 S. EMERSON STREET

TAMPA, FL 33629

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

3018 S. EMERSON STREET

TAMPA, FL 33629

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: Rosa Beraquit

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: Rosa Beraquit

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

Signature of authorized representative

Paul Beraquit/Manager

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 NOV 30 PM 5:05

FILED