118000 181844

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Enuty Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
•					

Office Use Only



600324268546

02/12/19---01013--002 **25.00

2019 FEB 12 PM 5: 09

C. GOLDEN FEB 1 6 2019

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	Dred Ventures LLC		
50001		mited Liability Com	pany
Dear S	ir or Madam:		
The en	closed Statement of Authority and fee(s) are	submitted for filing.	
Please	return all correspondence concerning this ma	atter to the following	:
Ram	i Shahmram		
	Name of Person		
Dred	Ventures LLC		
	Firm/Company		
5130	N federal Hwy STE 7		
	Address		
Fort	Lauderdale, FL, 33308		
	City/State and Zip Code		
rami(@biggerequity.com		
	E-mail address: (to be used for future annu	ual report notification)
For fur	ther information concerning this matter, plea	ise call:	
Ram	i Shahmram	754	300-9538
	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	Registrat Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee. Florida 32314

STATEMENT OF AUTHORITY

FILED

Pursuant	to section 6	05.0302(1), Florida Statutes, this limited liability company submits the following	g statement of	ED
		f the limited liability company is: Dred Ventures LLC	2019 FEB 12	PM 5: 09
			TALLAPAS	OF STATE
SECON	D: The Flor	ida Document Number of the limited liability company is: L18000181844		
		address of the limited liability company's principal office is:		
		ederal Hwy STE 7 Fort Lauderdale FL, 33308		
	The mailir	ng address of the limited liability company's principal office is:		
-	5130 N f	ederal Hwy STE 7 Fort Lauderdale FL, 33308		
				
person o	n the followi	n a company, whether as a member, transferee, manager, officer or otherwise or ng: ecute an instrument transferring real property held in the name of the company. Granted to: Rami Shahmram, Eden Sade, Dor Sade	to a speciale	
	b.	No authority granted to: Daniel Sasson		
	2. May en	ster into other transactions on behalf of, or otherwise act for or bind, the compar	ny.	
	a.	Granted to:		
		Rami Shahmram, Eden Sade, Dor Sade		
	b.	No authority granted to: Daniel Sasson		
len	- Au	Rami Shahmram		
Signature	of authorize	ed representative Typed or printed name of s	ignature	

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)