

LIS 000 188127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

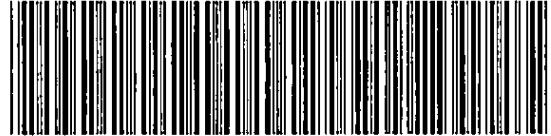
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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05/09/23--01002--008 **50.00

RECEIVED
2023 MAY -9 AM 11:07
ALLAHASSEE, FL 06
FILED
2023 MAY -9 PM 3:16
SECRETARY OF STATE
ALLAHASSEE, FL 06

25

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: Cat 5/9

CERTIFIED COPY

XX PHOTOCOPY

☐ **CUS**

XX FILING

STATEMENT OF AUTHORITY

1. **V.P NE 17TH AVE LLC**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: V.P NE 17TH AVE 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:

David R. Roy

Name of Person

David R. Roy, P.A.

Firm/Company

4209 N. Federal Hwy

Address

Pompano Beach, FL 33064

City/State and Zip Code

assouline.tom@gmail.com

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

For further information concerning this matter, please call:

David R. Roy

954

784-2961

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: V.P NE 17TH AVE LLC

SECOND: The Florida Document Number of the limited liability company is: L18000188127

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

2858 N UNIVERSITY DR

CORAL SPRINGS, FL 33065

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

2858 N UNIVERSITY DR

CORAL SPRINGS, FL 33065

2023 MAY -9 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: _____

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: Christeen Ladd

b. No authority granted to: _____



Signature of authorized representative

Tom Assouline, Mgr

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)