

# L19000 056 164

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

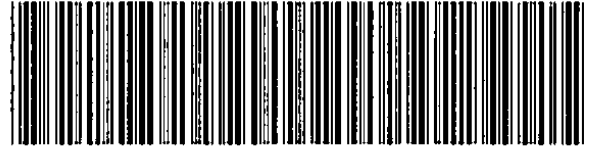
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GOOD FOR U, 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:

OSCAR A TIMPANARO

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

GOOD FOR U, LLC

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

3650 NW 82 AVE SUITE 405

\_\_\_\_\_  
Address

DORAL, FL 33178

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

otimpanaro@eurotrade-group.com

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

For further information concerning this matter, please call:

Mrs. Blanca Mendoza

305

7761744

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: GOOD FOR U, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L19000056164

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

3650 NW 82 AVE SUITE 405

DORAL, FL 33178

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

3650 NW 82 AVE SUITE 405

DORAL, FL 33178

**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.

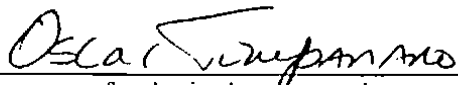
a. Granted to: NINA A SAGMEISTER TOGETHER WITH  
OSCAR TIMPANARO

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: NINA SAGMEISTER TOGETHER WITH  
OSCAR TIMPANARO

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

  
Signature of authorized representative

OSCAR TIMPANARO

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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