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COVER LETTER

TO: Registration Section Division of Corporations	
RE Property Holdings, LLC SUBJECT:	
	mited Liability Company
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are s	submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Joseph S. Giannell, Esq.	
Name of Person	
Peyton Bolin, PL	
Firm/Company	
3343 W Commercial Blvd, Suite 100	
Address	
Fort Lauderdale, FL 33309	
City/State and Zip Code	
csaez@propertyforce.com	
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter, pleas	e call:
Joseph S. Giannell, Esq.	954 316-1339
Name of Person	Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the authority:	_	atement of
FIRST: The name of the limited liability company is: RE Property Holdings, LLC		
SECOND: The Florida Document Number of the limited liability company is: L190001	26109	
THIRD: The street address of the limited liability company's principal office is: 800 Silks Run, Suite 2330		
Hallandale Beach, FL 33009		
The mailing address of the limited liability company's principal office is: 800 Silks Run, Suite 2330		
Hallandale Beach, FL 33009	<u> </u>	
FOURTH: This statement of authority grants or sets limitations of authority on all persons position of a person in a company, whether as a member, transferee, manager, officer or oth person on the following: 1. May execute an instrument transferring real property held in the name of the company of the co	ompany.	specific
b. No authority granted to:	RIJARY CHSIA NHABSET FLOR	ELED ELED
2. May enter into other transactions on behalf of, or otherwise act for or bind, the a. Granted to: Oliver Seidler and Carlos Saez		- 1
b. No authority granted to:		
Oliver Seidler		
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	ame of signat	ure