

L19000170357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

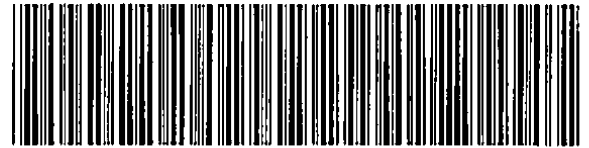
(Business Entity Name)

(Document Number)

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

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FILED

2019 AUG 16 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 26 2019

T. LEBREUX

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations  
GIOVANNI BEACH, LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YANINA MICULITZKI, ESQ

\_\_\_\_\_  
Name of Person  
YANINA MICULITZKI, P.A.

\_\_\_\_\_  
Firm/Company  
2999 N.E. 191 ST, SUITE 403

\_\_\_\_\_  
Address  
AVENTURA, FL, 33180

\_\_\_\_\_  
City/State and Zip Code  
YANINA@MICULITZKILAW.COM

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

For further information concerning this matter, please call:

YANINA MICULITZKI                      786              3615567  
\_\_\_\_\_  
Name of Person                      at (              )              \_\_\_\_\_  
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: GIOVANNI BEACH, LLC

SECOND: The Florida Document Number of the limited liability company is: L19000170357

THIRD: The street address of the limited liability company's principal office is:  
2000 ATLANTIC SHORES BLVD., APT #412

HALLANDALE BEACH, FL 33019

The mailing address of the limited liability company's principal office is:  
2000 ATLANTIC SHORES BLVD., APT #412

HALLANDALE BEACH, FL, 33019

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: \_\_\_\_\_

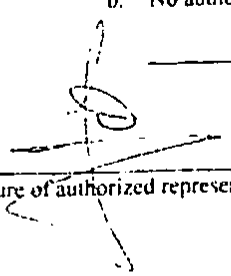
RAMIRO MELIDA, AS MANAGER

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: \_\_\_\_\_

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

  
\_\_\_\_\_  
Signature of authorized representative

ENRIQUE BERARDI

\_\_\_\_\_  
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)

2019 AUG 16 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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